

**ICC Vacation Bible School-Registration**  
**Mon. – Fri., Aug 6<sup>th</sup>-10<sup>th</sup>, 9:00a.m.-Noon.**  
**Register by July 15<sup>th</sup> for a free T-shirt!**  
**Registration Deadline July 23<sup>rd</sup>.**



\_\_\_\_\_

Last Name	Mother's Name	Father's Name
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\_\_\_\_\_

Mailing Address	City	Zip Code
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\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_      \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

Home Phone Number & area code	Daytime Phone Number & area code
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\_\_\_\_\_

E-Mail Address

CHILD'S NAME (include last name, if different)	Ages 4 -10	T-shirt size
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Enclose payment: \$35.00 per child, \$70.00 maximum/family. (There is no charge for parents who volunteer to lead activity stations for the entire week)**

**I would like to order:**

**CD \$7.00** \_\_\_\_\_ **T-Shirts** \_\_\_\_\_ **@\$10.00 each** (after July 15<sup>th</sup>)

**Emergency Medical Information:** If a child needs emergency care, we will call 911 & notify parents immediately. There is no medical insurance provided by the Parish or Archdiocese. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If we cannot be reached, please contact (name) \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Known Allergies or medical needs (include child's name): \_\_\_\_\_

\_\_\_\_\_

The person picking my child/ren up, if not the parent, will be (name and phone)

**PHOTO RELEASE**

I, \_\_\_\_\_, give Immaculate Conception Church permission to post pictures of my child/ren listed above on bulletin boards, in the bulletin and on [www.iccwatertown.org](http://www.iccwatertown.org). I understand that only pictures taken at official Faith Formation events will be posted.

**I would like to volunteer to help:** \_\_\_\_\_ **yes: Your Name:** \_\_\_\_\_

**Station you would like to help with:** \_\_\_\_\_ **(Snack, Faith, Music, Games, Craft, Child Care)**