

~Please return this form by June 12 to the Religious Education office, 334 Elm St, Wyandotte~

**ST VINCENT PALLOTTI PARISH ~ RELIGIOUS EDUCATION DEPARTMENT**

**734-285-9840 x102**

**VACATION BIBLE SCHOOL REGISTRATION FORM & PERMISSION SLIP**

**SITE: ST ELIZABETH EDUCATION CENTER, 3051 FOURTH ST, WYANDOTTE**

*~Please use the gym doors to drop-off and pick-up your children~*

**JUNE 19-23, 2023 ~ 9:00AM TO 12:00PM**

**WHO'S INVITED? PRESCHOOL** (potty trained & familiar w/group settings) **TO 5<sup>TH</sup> GRADE**

*(children 6<sup>th</sup> – 12<sup>th</sup> grade are welcome as helpers ~ call the office for more details)*

Please fill out this form completely! It is very important that all information is accurate!!!

NAME	AGE	GRADE	SPECIAL NEEDS/ALLERGIES

**CONTACT INFORMATION:**

*(check best person to contact first)*

☐ **FATHER'S NAME:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

☐ **MOTHER'S NAME:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

**CHILD'S ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

☐ **EMERGENCY CONTACT:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

.....  
*Check each to indicate you give permission to the following and sign below:*

- ☐ I grant permission for the above-named children to participate in the St Vincent Pallotti Parish Vacation Bible School, June 19-23, 2023. I have taken the responsibility to disclose all information needed and agree to release St Vincent Pallotti Parish and the Archdiocese of Detroit of all liability.
- ☐ I give permission for minor first aid to be administered on site if needed. I understand every effort will be made to contact the above emergency numbers. In the case of a severe emergency, I authorize an adult leader to make the decision if more extensive care is needed until an emergency contact can be located.
- ☐ I give permission for photos of my child to be published in the parish bulletin and website (no names).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REGISTRATION FEE: \$10 PER CHILD / MAXIMUM \$25 PER FAMILY**

**AMOUNT ENCLOSED:** \_\_\_\_\_

**\*ALL ADULTS INTENDING TO STAY DURING VBS MUST FILL OUT A BACKGROUND CHECK FORM\***