



# 3<sup>rd</sup> Annual "Fun in the SON" Vacation Bible School @ Nativity B.V.M. Cathedral



## Registration/Contact Information

(Please Print)

T-Shirt Size Choices:  
 YS YM YL YXL  
 AS AM AL AXL

Name of Child/Children:	Grade 2017-18:	Attending Nativity Summer Saints each afternoon? (Circle one)		T-Shirt Size:
1		YES	NO	
2		YES	NO	
3		YES	NO	
4		YES	NO	
5		YES	NO	
6		YES	NO	

**\*\*ONLY children that were in Kindergarten – 5<sup>th</sup> Grade for the 2017-18 school year are permitted to attend VBS.**

The following adults have permission to pick up the child(ren) listed above from the Vacation Bible School program or may be notified in the event of an emergency. **Be sure to include your own name and information on this list as well.**

Name of Adult /Relationship	Cell Number	Work Number	Home Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Mailing Address: \_\_\_\_\_  
Street
City
Zip

Email Address: \_\_\_\_\_

*After 12:00 p.m. every effort will be made to contact one of the people listed on this form. If no one can be reached by 1:00, then the lead adult will contact the Biloxi Police Department for further assistance.*

\_\_\_\_\_  
*Parent Signature* \_\_\_\_\_  
*Date*

- Dates/Hours: Vacation Bible School will be held June 25 – 29, 2018 / 9:00 a.m. to 12:00 p.m. daily
- Catholic Diocese of Biloxi Medical Release and Field Trip Permission Forms are required for each child listed above. (attached)
- Cost: **\$30.00 per child** Checks Payable to: **Nativity Youth Ministry**
- Fees include: 1 t-shirt, daily snack, and activities for the week
- Personal Souvenir money is allowed Thursday, June 28, for the VBS field trip to the Farmer's Market Festival.**

**Diocesan Policy Concerning Supervision of Youth Trips & Other Functions**

**PARENT REQUEST TO PARTICIPATE & MEDICAL RELEASE FORM**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance and supervision of Kristy Arguelles, Michele Mitchell & Lauren Ellis from (church, parish, school) Nativity B. V. M. Cathedral. A brief description of the activity follows:

Name of Event: Vacation Bible School - 3rd Annual "Fun in the SON"  
 Destination: Nativity Youth Ministry - NW Corner of the Sacred Heart Center  
 Designated Supervisor of Activity: Kristy Arguelles, Michele Mitchell & Lauren Ellis

Date and Time of Departure: June 25 - 29, 2018 9:00 a.m. - 12:00 noon daily

Method of Transportation: Personal Transportation - drop off/pick up daily \*\*If with Nativity Summer Camp to & from Nativity BVM Elementary \*\*Request that permission form  
 Approximate Cost: \$30.00 per child

**\* Optional - Spending money for Farmers' Market Festival (Thursday)**  
 If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child(ren) \_\_\_\_\_ in the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designated chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Print Parent's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_

SW/CL/DO and signed in his presence  
**No need to notarize**

NOTARY PUBLIC  
**XXXXXXXXXX**  
Mary Ann Sullivan  
 (Seal)

**This is not an overnight event in the Diocese.**

*\* You may complete one of these forms for all of your children but please make sure medical allergies/medications are clearly noted beside each child's name. Thank you!*

**Diocesan Policy Concerning Supervision of Youth Trips & Other Functions**

**MEDICAL RELEASE AND INFORMATION FORM (Medical Information For Overnight Trips Only)**

Name of participant(s) \_\_\_\_\_

Medication presently on (Name and dosage for each) \_\_\_\_\_

Allergies (Foods, Medication, etc.): \_\_\_\_\_

Any other Medical conditions (asthma, diabetes, seizures etc) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Contact Person Parents \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact Person (alternate) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Parents(s) Guardian(s) signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_