

VBS INFORMATION—KEEP HANDY!



June 12-16, 2017 9am – 12:15pm, Lower Level
ST. PATRICK CHURCH, 4330 St. Patrick Dr, IC

The cost is ONLY \$35/child!

COOL KINGDOM PARTY VBS is open to ALL YOUTH
Pre-K (4 yrs) thru 6th grade in Fall '17

Children assigned to groups by grade and/or age--groups will rotate thru:
Assemblies + Snacks + Games + Crafts + Faith + Music

Service Projects: CRISIS CENTER FOOD BANK—Tuesday
BIRTHDAY BAGS—Wednesday
PENNIES FOR PAMPERS—Thursday

Wacky Themes: *Royalty*-Mon, *Hair*-Tues, *Hat*-Wed, *Sock*-Th, *Color*-Fri
Cool Kingdom Party-Friday: Prayer Service & Potluck Picnic for Parents,
Grandparents, Caregivers! Sign-up at VBS.

MEAT-TABLE SERVICE-DRINKS PROVIDED.

REGISTER EARLY! Complete the attached form & return to:
VBS-Cheryl Schropp, St. Patrick Church
4330 St. Patrick Dr, Iowa City IA 52240

PLEASE INCLUDE PAYMENT WITH REGISTRATION!

*To volunteer at VBS, please complete a **Volunteer form!***

*Free child care for 0-3 years is provided for volunteers, if needed--
Please complete a Student Registration form for EACH child in Nursery*

REGISTRATION FOR COOL KINGDOM PARTY VBS 2017

Student Name: _____ **Age:** _____

Date of Birth: _____ **Grade Fall '17:** _____

MEDICAL RELEASE: 1. I, (we) the undersigned parent(s) or guardian(s) of the minor child (named above), do hereby authorize adult volunteers of St. Patrick Church COOL KINGDOM PARTY VBS as agents for the undersigned to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. 2. I/we further release from any liability St. Patrick Church and the Diocese of Davenport or any of its ministries or leaders in the event of an accident in route, during and return from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence. 3. I/we give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I/we understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

PHOTO RELEASE: I/we hereby grant ST. PATRICK CHURCH-IOWA CITY permission to copyright & use photos & videos taken at VBS of the child (named above) in any manner or form for any purpose lawful at any time. I/we waive any right that I/we may have to inspect or approve the finished product or written copy that may be used in conjunction therewith, or the use to which it may be applied.

PERMISSION TO ATTEND: I/we give permission for my child (named above) to attend COOL KINGDOM PARTY VBS. I understand the information given for this registration will only be used by ST. PATRICK CHURCH, and that all registration information will be removed from the host site by Dec 31, 2017.

DATE: _____ PARENT/GUARDIAN-PRINT: _____

PARENT/GUARDIAN-SIGNATURE: _____

ADDRESS: _____

HOME #: _____ MOM CELL # _____

EMAIL: _____ DAD CELL # _____

EMERGENCY CONTACT NAME & PHONE NUMBER IF PARENT/GUARDIAN IS NOT AVAILABLE:

Please list any allergies (include food, medications, materials, etc.): _____

Please list any medical/special needs, including any medications currently being used:

Date of last tetanus shot: _____

Doctor's Name _____

Phone _____

Dentist's Name _____

Phone _____

Health Ins Co _____

Policy/Group # _____

Policyholder _____

Hospital _____

If your child will be picked up by someone other than you, please provide information below:

Name _____ Cell # _____

Name _____ Cell # _____