



VBS 2019
Mystery Solvers

St. Jude of the Lake Vacation Bible School

June 24 – 28th
9:00 a.m. - Noon
Ages 4 years through fifth grade
(19/20 School Year)

FEES: \$40.00 per child (includes Bible stories, crafts, games, healthy snacks, and T-shirt)

Family maximum of \$100 Registration closes on May 31st.

Parent (s) Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

NAME OF CHILD	GENDER	AGE	GRADE (FALL 19/20)	YOUTH SIZES T-SHIRT SIZE
	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/> X Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/> X Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/> X Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
	M <input type="checkbox"/> F <input type="checkbox"/>			<input type="checkbox"/> X Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large

My child(ren) has permission to participate in St. Jude of the Lake Vacation Bible School. I understand such an event does involve some element of risk incidental to such participation and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Jude of the Lake, their employees, chaperones, and leaders. Neither the Archdiocese, St. Jude of the Lake nor any said persons shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Parish or the Archdiocese. In the event of an emergency, I hereby authorize emergency treatment to be administered.

I also authorize any pictures to be taken at the event to be used on the St. Jude of the Lake website, bulletin, and bulletin boards.

I authorize the emergency contacts to remove my child(ren) from St. Jude of the Lake in case of illness or emergency.

Allergies or other medical/behavioral condition: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Account: 4320.00YF Amount: _____ Cash Check# _____ Date: _____ Initials: _____