



It's Time for Vacation Bible School Registration!

Location: St. Ignatius

Date and Time: June 24th-28th , 9:00am-11:30am

Preschool 4 – Grade 3

This year at VBS, your child is invited to *Come to the Table!* Your child will learn that everyone is welcome at God's table and hear how Jesus spent a lot of time eating and talking with unexpected people.

When you eat with Jesus, anything can happen! The five Bible stories for the week show Jesus eating with unexpected people, providing food for a crowd, demonstrating humility, and extending welcome and forgiveness. Through worship and drama, Bible study, art and science projects, and active games, children are welcomed to taste and share at God's table, where there is always enough!

Come to the Table invites children to see that God loves and welcomes all people and challenges them to share that same love and hospitality in their everyday lives.

Your child will make new friends, sing fun songs, watch dramatic presentations of the Bible stories, play active games, do art projects and science explorations, and dig into the Bible.

Registration is now open @ stiggys.org . There is a fee of **five dollars per child**. Payment can be made to Mindy at the parish offices, or through the mail at 212 North Stadium Rd. Oregon, Ohio 43616

God Bless,

Mindy Koczorowski

Pastoral Associate for Youth Formation

youth@stiggys.org



Vacation Bible School Registration and Waiver Release Form

Date: June 24th-28th

Time: 9:00am-11:30am

Location: St. Ignatius Parish Life Center

*Please have children arrive by ___ 8:45am. ___ for Check-in/Registration

Child's Name (Last, First)	Birthdate	Last Grade Completed

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Parent email address(es) _____

LIABILITY RELEASE: In consideration of [*Name of Church*] allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless [*Name of Church*], its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless [*St. Ignatius*], its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I **DO / DO NOT** (*circle one*) give my consent to [St. Ignatius] to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless [St. Ignatius] from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at [St. Ignatius]'s Vacation Bible School. ****None of the photos will be for personal use.****

I hereby give permission for my child(ren) to participate in Vacation Bible School at [St. Ignatius] on [June 24-28, 9am-1130am.].

Parent/Guardian Signature _____ Date _____

Complete one form for each child in the family.

All information will remain confidential to Vacation Bible School staff.

Child's Name _____	Medical Insurance YES ___ NO ___
Insurance Company _____	Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____	

Activity restrictions _____	
Parent/Guardian phone number(s) _____	
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name _____	
Phone _____	
People authorized to pick up my child _____	

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Insurance Company _____	Policy/GroupID# _____
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Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name _____	
Phone _____	
People authorized to pick up my child _____	

Please return all completed Registration/Permission/Waiver forms to:

[*St. Ignatius*] VBS, [212 N. Stadium] or [youth@stiggys.org]