

I register my son/daughter under my guardianship to participate in the 2024 Vacation Bible School (VBS), which will be conducted at Christ the King Church on the mornings of June 17<sup>th</sup> through June 21st from 9:00 a.m. to 12:00 p.m.

Child's name			Male	Female
	PLEASE PL	RINT		
Date of birth	, SC	hool grade this fall 2024	T-shirt size YS Y M	YL (please circle size)
Telephone Number	·	Address		
Email		Church you att		
Please circle one:	Attending all week	Absent 1 or more days	Circle Days <u>Gone</u> : M	Tu W Th F
Special requests or	dietary needs			

Note: To participate, children <u>MUST BE FOUR YEARS OLD (and potty trained) BY AUGUST 31<sup>ST</sup>, 2024</u> and no older than entering grade 5. A <u>SEPARATE</u> registration/ medical consent is needed for <u>EACH</u> child registered. Please return the registration/medical consent form to the parish office. *SPACE IS LIMITED---PLEASE REGISTER EARLY*!!!

The Vacation Bible School will occur entirely on the Christ the King Parish grounds with activities conducted both outdoors and inside various parish buildings. This event will be under the supervision of parish employees and volunteers.

Please list any life-threatening food allergies, known reactions to insect stings or bites, health issues, learning disabilities or other conditions your child has that VBS workers need to know about to help assure a safe and enjoyable experience:

I understand that as parent or legal guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by my child. State law requires parental/legal guardian consent before a hospital's emergency department can give medical treatment to a child under the age of 18, except for truly life-threatening conditions. We will make every effort to contact parent/guardians in case of injury or other medical emergency, but completed consent form will help assure treatment without delay. Please fill out the consent for emergency medical treatment on the reverse side of this registration form.

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

EARLY REGISTRATION is \$45 for one child, \$80 for two children and \$105 for three or more children in the same family, who register by Wednesday, May 22nd. T-Shirt price is included in the fee. Starting Thursday, May 23rd, VBS registration fees are \$55 for one child, \$100 for two children and \$145 for three or more children in the same family. Please make checks payable to: Christ the King Religious Education. Payment must accompany registration form. REQUESTS WILL NOT be granted if registration is received after May 23rd.

Additional copies of this form may be downloaded from Faith Formation section of parish website: www.ckparish.org

**DRESS CODE:** ALL participants, volunteers and helpers must dress appropriately. Shorts must be no more than 2inches above the knee. No cropped top shirts. No spaghetti strap tanks. If you violate any of the dress code, you WILL be sent home and asked to change before returning.

	Christ the King Church Vacation Bible School Consent for Minor or Emergency Medical Treatment
I,	, am the father/mother/legal guardian
Of	, a minor, Birth date of minor
Add	ress
City,	State, Zip
In ca	se of emergency, I can be reached at the following phone numbers: Daytime Phone
Cell_	Other Emergency Contact Name & Phone #
I giv	e my consent for medical treatment as set forth below:
1. ]	The transfer to any hospital reasonably accessible when medically necessary.
	The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical echnician, licensed physician or dentist.
Any	hospital or practitioner not having access to your child's medical history needs the following information:
Drug	g allergies:
work	er allergies: Please list any food allergies, known reactions to insect stings or bites, or other conditions the VBS sers need to know about to help assure a safe and enjoyable experience for your 
Regu	lar medication being taken
All V	accinations Up to Date (check appropriate box): Yes: No:
picko Exa other	Policy: If your child is sick or feeling unwell, please keep them home. If your Child becomes ill, they must be ed up by a parent and must wait a full 24hrs before returning. mple- (Child becomes sick on Monday, He/She cannot return till Wednesday). This is to ensure the safety of all r children, volunteers and staff. lerstand and acknowledge the sick policy. Initial
	e permission for my child's image to be printed and/or posted on advertising boards, a website or social network page iated with Christ the King Vacation Bible School. (check appropriate box): Yes: No:
Chur not r proce to saf	nt permission for my child to participate in activities sponsored by Christ the King Church. I hereby release Christ the King ch, the Diocese of Yakima and its representatives from all liability in the event of accidental injury. In the event that I am eadily available, I the natural parent/guardian authorize and consent to all medical, surgical, diagnostic and hospital edures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician eguard my child's health. It is understood that every effort will be made to contact the undersigned prior to rendering ment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.
DAT	E PARENT/GUARDIAN SIGNATURE
	Early registration ends Wednesday, May 22nd.

Starting Thursday, May 23rd, VBS registration fee is \$55 for one child, \$100 for two children and \$145 for three or more children in the same family.

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