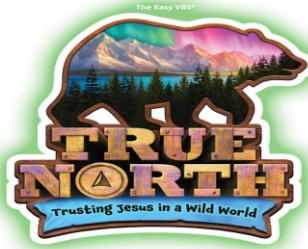


2025 TRUE NORTH: Trusting Jesus in a wild world

Space is limited!!!
Register Early!!!



VACATION BIBLE SCHOOL

Christ the King Catholic Church
June 16th – 20, 9:00 a.m. – 12:00 p.m.

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 17th through June 21st from 9:00 a.m. to 12:00 p.m.

Child's name _____ Male _____ Female _____

PLEASE PRINT

Date of birth _____, school grade this fall 2025 _____ T-shirt size YS Y M YL (please circle size)

Telephone Number _____ Address _____

Email _____ Church you attend _____

Please circle one: Attending all week Absent 1 or more days ☒ Circle Days Gone: M Tu W Th F

Special requests or dietary needs _____

Note: To participate, children MUST BE FOUR YEARS OLD BY AUGUST 31ST, 2025 and no older than entering grade 5. ALL CHILDREN MUST BE POTTY TRAINED PRIOR TO VBS. A SEPARATE registration/ medical consent is needed for EACH 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: CK Parishioner is \$50 for one child, \$85 for two children and \$115 for three or more children in the same family, who register **by Wednesday, May 21st.** T-Shirt price is included in the fee. **Starting Thursday, May 22,** VBS registration fees are \$60 for one child, \$110 for two children and \$150 for three or more children in the same family.

Non CK parishioner: before **May 21st,** \$60 for one child, \$100 for two children and \$130 for three or more children in the same family. T-shirt price included. **May 22nd and after,** \$100 for one child, \$150 for two children and \$200 for three or more children within the same family.

Parishioner marked forms will be checked before accepting payment

Please make checks payable to: Christ the King Religious Education. Payment **must** accompany registration form.

Please note that special requests (buddy pair) is not guaranteed due to grades, ages and other factors.

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.

*****Please complete both sides of this form.*****

**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 _____

Address _____

City, State, Zip _____

In case of emergency, I can be reached at the following phone numbers: Daytime Phone _____

Cell _____ Other Emergency Contact Name & Phone # _____

I give my consent for medical treatment as set forth below:

1. The transfer to any hospital reasonably accessible when medically necessary.
2. The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical technician, licensed physician or dentist.

Any hospital or practitioner not having access to your child's medical history needs the following information:

Drug allergies: _____

Other allergies: Please list any food allergies, known reactions to insect stings or bites, or other conditions the VBS workers need to know about to help assure a safe and enjoyable experience for your child. _____

Regular medication being taken _____

All Vaccinations Up to Date (check appropriate box): Yes: ☐ No: ☐

Sick Policy: If your child is sick or feeling unwell, please keep them home. If your Child becomes ill, they must be picked up by a parent and must wait a full 24hrs before returning.

Example- (Child becomes sick on Monday, He/She cannot return till Wednesday). This is to ensure the safety of all other children, volunteers and staff.

I understand and acknowledge the sick policy. Initial _____

I give permission for my child's image to be printed and/or posted on advertising boards, a website or social network page associated with Christ the King Vacation Bible School. (check appropriate box): Yes: ☐ No: ☐

I grant permission for my child to participate in activities sponsored by Christ the King Church. I hereby release Christ the King Church, the Diocese of Yakima and its representatives from all liability in the event of accidental injury. In the event that I am not readily available, I the natural parent/guardian authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician to safeguard my child's health. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

Early registration ends Wednesday, May 21st.

Additional copies of this registration may be downloaded from the parish website: www.ckparish.org