

Participant

St Ronald Catholic Church
17701 15 Mile Rd, Clinton Township, MI 48035
Registration Form for Vacation Bible School/ *Maker Fun Factory*
June 26th-30th, 2017 from 10:00AM-1:00PM

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone #: (home) _____ cell #: _____

Date of Birth: _____ Last Grade Completed: _____

Email Address: _____

Father's Name: _____ Phone # other than home # _____

Mother's Name: _____ Phone # other than home # _____

Please state who this person is: Grandparent, Aunt, Uncle, Family Friend, or Other

Emergency Contact: _____ Phone # _____

(NOT PARENTS-WE AUTOMATICALLY CALL YOU FIRST)

Allergies /Conditions/Medications: _____

Tee-Shirt Size (Specify Child or Adult) Small Medium Large X-large XX-large

Medical and Liability Release

In the event of sickness or some medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit for care of my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of St. Ronald Catholic Church.

Signature of Parent or Guardian: _____ Date: _____

\$25.00 first child, \$15.00 each additional child. Use reverse for any special notation.

(For office use only) Date Registration Received: _____ Received by: _____

Family Name: _____ Child # _____ Payment: _____ Ck # _____ Cash: _____

Contact Kim Jacob, Director at 586-792-1276 Ext.226 for more information. Please drop off ASAP