**St. Monica Vacation Bible School**

**RETURN FORM BY JULY 26**

to jessica.tette@dor.org

or mail to

**St. Monica Church**

**34 Monica St. Rochester**

**NY 14619**

**August 12-16, 2024**

**Ages 4 & up • 8:45 AM until Noon (lunch included)**

Questions: email jessica.tette@dor.org

 **If you or your child have any symptoms of COVID-19,**

**please test before attending VBS.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Gender** | **Grade** **Entering** | **Date of Birth** | **Special Needs/Allergies\****see other side* | **School attending**  | **T-shirt size** |
| **Child 1** |  |  |  |  |  |  |  |
| **Child 2** |  |  |  |  |  |  |  |
| **Child 3** |  |  |  |  |  |  |  |
| **Child 4** |  |  |  |  |  |  |  |

T-SHIRT SIZES:

**Youth S, M, L, XL**

**Adult S, M, L, XL, 2XL, 3XL**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (someone other than parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you registered members of St. Monica Church? Y N Are you interested in volunteering for VBS? Y N**

 **OVER 🡪**

**-------------------------------------------------------------------------------------------------------**

**Save the dates!**

**Cut this out and post on your fridge or calendar!**

**831 Genesee St.**

**\*Details about special needs/allergies:**

**Health Insurance Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIABILITY RELEASE:** I understand that reasonable precautions will be taken to safeguard the health and wellbeing of participants in St. Monica VBS activities and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team or other volunteer or church staff member to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that myself or other legal guardian cannot be reached. I hereby do release and forever hold harmless this Diocese of Rochester and St. Monica Church of Rochester from all manners of actions, claims, which I or the child named above shall or may have for any reason arising during my and my child’s attendance of VBS events.

**Parent/Guardian Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDIA RELEASE:** I consent to allowing my and my child’s image and to be recorded, either by photograph or video, to be used for promotional or publicity purposed for St. Monica Church/Emmanuel Church of the Deaf. Please note that St. Monica Church will not associate any identifying information with the photographs or videos without contacting the parent/guardian. **Parent/Guardian Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

VBS at St. Monica is funded by the generosity of the Bedford family fund and so many of our St. Monica parishioners. Donations are always welcome.

 Please return VBS registration to Jessica at Jessica.tette@dor.org or mail to the church office by **July 26th**.

**OVER 🡪**

**Peace! Jessica Tette, Youth Faith Formation at St. Monica Church**