

VACATION BIBLE SCHOOL REGISTRATION

St. Agnes/St. William of York Catholic Churches

June 22nd – June 26th, 2020

Family Information:

Family Name _____

Mother _____ Father _____

Address _____ City _____ Zip _____

Phone _____
Home Mother - Cell Father - Cell

Email: _____

Emergency Contact: Name _____ Phone _____

Relationship to child(ren) _____

Check Session of choice: Morning: 9:00am-12noon _____

Afternoon: 1:30pm-4:30pm _____

Both sessions will be held in the St. Agnes Activity Center.

Fees: 1 child - \$40 2 children - \$75 3 or more children - \$100

Assistance is available if needed. Contact the Parish Office for more information at 410-744-2900, or Peggy Mrozek at pmrozek@archbalt.org, or Amanda Barrick at ABarrick@archbalt.org.

Child(ren)'s Name(s):

Children ages 4 - current 3rd graders are invited to participate!

Name _____ Age _____ Grade this fall _____ Amt. _____

Name _____ Age _____ Grade this fall _____ Amt. _____

Name _____ Age _____ Grade this fall _____ Amt. _____

Name _____ Age _____ Grade this fall _____ Amt. _____

All fees are due with registration.

Please read and sign medical release on reverse side.

Registration due: June 15th (Register early, as space is limited!)

OFFICE USE ONLY: date rec'd _____ Amount _____ Cash _____ Check# _____

Medical Release Information
St. Agnes Catholic Church
Vacation Bible School June 22nd – June 26th, 2020

In consideration of the wholesome recreation and/or learning experience in which my child(ren) will participate, I/We as parent(s) or guardian(s) of

allow my/our child(ren) to participate in Vacation Bible School at St. Agnes Catholic Church from June 22 – June 26, 2020.

By so permitting my/our child(ren) to participate, I/we expect reasonable and adequate supervision of my child(ren). It is thus agreed that I/we will hold St. Agnes Catholic Church, Inc. and the Roman Catholic Archdiocese of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from this activity, unless caused by or due to the gross negligence of either Corporation, their agents, servants or employees.

I hereby grant permission to Peggy Mrozek as Program Director on-site to obtain medical care from a licensed physician, hospital, or medical clinic for my child(ren) in the event I/we cannot be reached.

____ We have medical/hospitalization coverage under policy # _____
Issued by _____

____ We do not have medical/hospitalization coverage and I/We assume responsibility for any and all medical expenses occurred

Signed this _____ day of _____, 2020

Father/Mother/Guardian/Responsible Party

Any pertinent information relating to allergies, medication, etc.

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**Photo/Video Release Form**

In the event that any photographs or videos are taken of my above-mentioned child(ren) while they participate in Vacation Bible School at St. Agnes Catholic Church, I/we hereby grant permission for them to be used on the St. Agnes/St. William of York website or for other promotional purposes.

\_\_\_\_\_  
Father/Mother/Guardian/Responsible Party  
(Fill out both sides - >)