



**Registration Form
for**

VBS

The Catholic Parishes of Rome invite you to join us for the most exciting week of summer - Vacation Bible School! Maker Fun Factory is a totally Catholic Vacation Bible School program where kids will learn that we are all created by God and designed for a purpose. There will be incredible bible-learning experiences to see, hear, taste, and touch! Team-building games, cool bible songs, and tasty treats are just a few of the standout activities that help show us how faith shapes our life!

VBS is open to Children ages 4 – 10

Children may register, by mail, online or drop the paperwork off to the Parish office .

Any child is invited to attend. Bring a friend.

Please contact Robin Calandra with any questions or concerns: 315-272-9319.

WHEN: July 24 - July 28 (Monday - Friday)

WHERE: St. John the Baptist Social Hall

TIME: 9:00 am to noon daily

Cost: \$10.00

VBS Registration Form

Child's Name: _____

Grade completed: _____ T-Shirt size: _____

Birth date: _____ Gender: _____

Address: _____

Mom's Name : _____ Phone#: _____

Dad's Name : _____ Phone# _____

Child lives with: _____

Allergies: _____

Current Medications: _____

Special Needs of your Child: _____

Authorization for Release or Emergency Care Form

This portion must be completely filled out for your child to be registered.

1. Permission is granted for the officials, staff, volunteers of St. John the Baptist Church to administer First Aid, to obtain the services of a Licensed Physician, and to arrange transportation to nearest hospital in case the child named above is seriously ill, injured or requires hospitalization.
2. Permission is also granted to the Attending Physicians to render whatever treatment they deem necessary for the child's welfare. The responsibility for all expenses incurred will be assumed by the individuals whose signature appears below.
3. I hereby give permission for St. John the Baptist Church to use any pictures taken at this event for publication.

Insurance Company: _____

Insurance ID # or Policy # _____

Emergency Contact: _____ Emergency Phone #: _____

By initialing the following you are granting Representatives of St. John the Baptist Church Rome, NY.

Permission to Seek Emergency Care

Permission to use photographs