



**2019 VACATION BIBLE SCHOOL**  
**June 24-28, 2019**  
**9:00AM-12 Noon**

**HOSTED BY**  
**Church of St. Jerome**  
**380 Roselawn Ave E, Maplewood**

Elementary Program - grades 1 - 5 (2019 - 20)  
Preschool Program - ages 4, 5 & Kindergarten (2019-20)  
(must be toilet-trained)

**Cost: \$35 per child (\$105 per family maximum)**  
(Includes one t-shirt and crew photo/child and one music CD/family)  
**Registration deadline June 19th** – sorry, no late registrations accepted

Home Parish \_\_\_\_\_

Name \_\_\_\_\_ Grade (Sept '19) \_\_\_\_\_ birth date \_\_\_\_\_ t-shirt size \_\_\_\_\_

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Name \_\_\_\_\_ Grade (Sept '19) \_\_\_\_\_ birth date \_\_\_\_\_ t-shirt size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Email \_\_\_\_\_ Home phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Father's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Amount due: \_\_\_\_\_ children at \$35 each = \$ \_\_\_\_\_ (or family max.)

I would like to make a donation to help sponsor a child \$ \_\_\_\_\_

**TOTAL amount enclosed** \$ \_\_\_\_\_

***I CAN VOLUNTEER:***

Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_ Fri. \_\_\_\_

Must have completed all forms and VIRTUS training by June 21st, 2019.

Please send registration forms and payment to St. Jerome, 380 Roselawn Ave E, Maplewood, MN 55117. Checks should be written payable to St. Jerome.

Questions or concerns: please contact Joanne Lamb 651-771-1209

**Please turn over and complete back page.**  
**Registrations without a parental/guardian signature can not be accepted.**

I, \_\_\_\_\_, grant permission for my children registered above to participate in the 2019 VBS program located at Saint Jerome's in Maplewood, and I warrant that my child(ren) is(are) in good health.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact: \_\_\_\_\_ at \_\_\_\_\_

Relationship to the child \_\_\_\_\_

**OPTIONAL MEDICAL INFORMATION:** (fill in as needed to care for your child)

Medication my child is taking at present: \_\_\_\_\_

(Staff or Volunteers are not permitted to dispense any medication.)

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Other Behavioral Conditions: \_\_\_\_\_

In consideration of my children's participation, I agree to indemnify the parishes and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the parishes/Archdiocese of Saint Paul and Minneapolis by myself, my child(ren) or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parishes and the Archdiocese in defense of such a claim/suit. I understand such an event does involve some element of risk incidental to such participation and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, Church of St. Jerome, their employees, chaperones, leaders or drivers. Neither the Archdiocese, St. Jerome, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

I authorize that any pictures to be taken at the event can be used on either parish's webpage or in their publicity materials.

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date