**REGISTRATION FORM** (**one form per child**)

**(PLEASE PRINT)**

|  |
| --- |
| Child’s  Photo |

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For security reasons**

**Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Preschool Year Completed \_\_\_\_\_\_\_\_\_ please attach your**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ child’s photo.**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T Shirt Size: YS YM YL AS**

**Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents’ Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Used only to keep you updated on VBS information!)***

**HEALTH RELEASE (required)**

In case of emergency, notify: Parent / Guardian (circle one)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent cannot be reached, notify:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify any specific health problems or facts concerning the child’s medical history about which we or a treating physician should be aware, such as allergies, allergies to medication such as penicillin, unusual reactions to insect bites, medications being taken, physical impairments, etc.

**PLEASE PRINT**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT’S AUTHORIZATION**

If reasonable attempts to contact me have been unsuccessful in an emergency, I hereby give permission to The Rocky River Presbyterian Church and Vacation Bible School to secure necessary emergency treatment including transport to a local hospital, and for any licensed physician or dentist to administer any treatment considered necessary. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian (circle one)



**PARTICIPANT WAIVER OF LIABILITY (required)**

For and in consideration of permitting the person indicated above to enroll in and participate in Vacation Bible School at The Rocky River Presbyterian Church, I hereby voluntarily release, discharge, and relinquish any and all actions, causes of action, and claims for personal injury or property damage of or to the participant arising out of, or in any way related to, their participation in such program. I represent that I understand that this release is intended to, and does discharge in advance The Rocky River Presbyterian Church, Vacation Bible School, any and all of its officers, agents, volunteers, servants, and employees from any and all liability, actions and causes of action, even though that liability may arise out of the negligence or carelessness of the Church or its officers, agents, volunteers, servants, and employees***. I also give permission for my child to be photographed and understand that any photos may be displayed only on the church premises or published in church literature.*** Only the person(s) listed below may pick up my child.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian (circle one)

**THE FOLLOWING PERSON(S) ARE AUTHORIZED TO PICK MY CHILD UP:**

PLEASE RETURN COMPLETED REGISTRATION FORM WITH CASH OR CHECK PAYABLE TO “RRPC” TO LISA WATTS AT THE ROCKY RIVER PRESBYTERIAN CHURCH.

\_\_\_\_amt pd \_\_\_\_\_date

\_\_\_\_\_\_\_check number

1. NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***VOLUNTEERING OPPORTUNITIES - You are the key to our VBS success!***

***Please note that a volunteer day runs 9:00-11:30 am. Nursery care available.***

**I could help during VBS**

**\_\_\_All week \_\_\_Part week (circle days available)**

**M T W Th F**

**\_\_\_\_ I am willing to make a donation for snacks (you will be contacted with specific items needed)**

**ROCKY RIVER PRESBYTERIAN CHURCH & ST. CHRISTOPHER CATHOLIC PARISH**

Present

**VACATION BIBLE SCHOOL**

at

**Rocky River Presbyterian Church, 21750 Detroit Road**

**Rocky River, Ohio 44116 (440) 333-4888**

***Changing the World with***



**Monday, June 13 – Friday, June 17, 2022**

**9:00 – 11:30 am**

Ages 4 through Grade 4

**Community Program Friday, June 17, 2022**

**6:00 pm**

at Rocky River Presbyterian Church

A donation of $35.00 for the first child and $20.00 for each additional child is suggested. Please make checks payable to Rocky River Presbyterian Church. The maximum per family is $75.00. Scholarships are available by calling Lisa Watts at Rocky River Presbyterian Church at (440) 333-4888.

***Don’t let the kids have all the fun! See other side for opportunities to be involved!***

***Registration and class size are limited, so early registration is encouraged***.

**Registration closes Tuesday, May 31, 2022 at 3 pm**.

***IF SPACE IS STILL AVAILABLE AFTER MAY 31, ADDITIONAL REGISTRATIONS WILL BE ACCEPTED WITH A LATE FEE OF $10 PER CHILD.***

**Please see other side for registration form.**

***There will be NO PARENT MEETING this year. If you are a volunteer, you may pick up your child’s information at a volunteer meeting on Monday, June 6 at 7:00 pm. Otherwise, you must pick up information at RRPC the week before VBS (June 6-10) during regular church office hours: 8:30 am-3:30 pm., before noon on Friday. Please call Lisa Watts at 440-333-4888 or Sharon Anderer-Armstrong at 440-331-6226, ex. 402 for more information.***