



440 Zorn Avenue, Louisville, KY 40206
502-897-2595



2119 Payne Street, Louisville, KY 40206
502-896-8401

Vacation Bible School Registration

Please complete a separate form for each child in your family

Return completed form to either parish office by Thursday, June 10.

No day-of registrations will be accepted.

Student Information

First name: _____ Last name: _____

Circle one: Male Female Age: _____ Grade entering: _____

Allergies: _____

Medical issues or special needs: _____

Contact Information

Parent/Guardian Relationship to child: _____

First name: _____ Last name: _____

Primary phone number: _____ Circle one: Home Cell Work

Alternate phone number: _____ Circle one: Home Cell Work

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

At which parish is your family currently registered?

St. Leonard St. Frances of Rome Other: _____

Emergency Contact Relationship to child: _____

First name: _____ Last name: _____

Primary phone number: _____ Circle one: Home Cell Work

Alternate phone number: _____ Circle one: Home Cell Work

Safety & Liability

Custodial Authorization: Is there anyone else you want to designate to be able to take your child home?

Name: _____ Relationship: _____ Phone: _____

Medical Release: As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

Primary care physician's name _____ Phone _____

Medical insurance provider _____ Policy # _____

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release, and discharge St. Leonard Parish and St. Frances of Rome Church, their respective agents and employees, and any parent/volunteer/chaperone/vehicle driver from any and all liability, loss, or claims for personal injuries, wrongful death, or property damage that I or my child may suffer as a result of participation in youth activities described above.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31 of this year.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

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