



Infant Jesus of Prague 2019 VACATION BIBLE SCHOOL

Student Registration Form

(use one form per child—Grades K-5 in Fall 2019 only)

_____ (*student's name*) has my permission to participate in the Infant Jesus of Prague (IJP) Summer Vacation Bible School, **from 8:30 am to 11:30 am on Monday through Friday, June 17-21, 2019, and including our Field Trip on Monday, June 24, 2019.**

This registration form and fee must be completed, signed, and returned to IJP School (1101 Douglas Avenue, Flossmoor) by Wednesday, June 14, 2019.

Fee: \$60 per child for school and parish families; \$120 per child for all others

I understand that all reasonable precautions will be taken by those persons in charge to prevent injuries, but neither those in charge, nor the sponsoring group(s), shall be held responsible in case of accident, or in the case of lost or stolen articles. I also understand that if my child violates any of the rules established by the persons in charge, I shall be contacted and must immediately pick up my child at IJP School.

If in the judgment of the chaperones of this camp, my child requires medical emergency attention, I hereby authorize those persons in responsibility to do what they deem necessary to obtain competent medical attention as soon as possible, and then to contact the undersigned as soon as possible.

Child's Name _____ Age _____

Parent/Guardian's Name (*Please Print*) _____ Grade Level - K-5 Fall 2019

Parent/Guardian's Email address _____

Parent/Guardian Signature _____ Date _____ Cell Phone Number _____

Street Address _____ City and State _____ Zip Code _____

Emergency Name and Phone Number: _____

Insurance Company: _____ Policy Number: _____

Policy in the Name of: _____

List Any Allergies: _____

List Any Special Needs: _____

Yes, I can help at VBS!* (Please email Diane Klupchak at dklupchak@ijpschool.org)

during the week, June 17-21

for set-up on Friday, June 14

*Volunteers must be Virtus trained by Archdiocesan regulations.