

St. Thomas the Apostle Roman Catholic Church
2017 Catholic VBS



***Mighty Fortress:
In Jesus, the Victory is Won!***

Join us for a fourth year at our Catholic VBS!
2017 Campers

DATES: Monday, June 19- Friday, June 23, 2017

TIMES: 8:30AM – 12:00PM

LOCATION: St. Thomas the Apostle Roman Catholic Church
Parish Center Building (enter through rear doors)
208 East Avenue
Norwalk, CT 06855

1. Child's Name: _____ (Incoming) Grade _____ Shirt Size _____

2. Child's Name: _____ (Incoming) Grade _____ Shirt Size _____

3. Child's Name: _____ (Incoming) Grade _____ Shirt Size _____

4. Child's Name: _____ (Incoming) Grade _____ Shirt Size _____

What school will your child(ren) be attending in September: _____

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ (circle one) Mother/Father/Guardian: _____ (circle one) Home /Cell

Other Phone: _____ (circle one) Mother/Father/Guardian: _____ (circle one) Home /Cell

Does your child need special accommodations? If so, please explain:

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Food & Other Allergy Alert!

My Child, _____, is allergic to _____

Does your child use an epi-pen? _____

Is s/he able to self-administer? _____

Registration Fee(s)

One Child: \$50.00 ~ (each additional child: \$35.00)

Total number of children in family participating: _____

I have enclosed cash/check in the amount of \$ _____

Ck# _____ Date: _____ Rcv'd by: _____



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I hereby enroll my above-named child(ren) in the St. Thomas the Apostle R.C. Church ("St. Thomas") 2017 Catholic VBS Program. I also attest that my child(ren) are able to participate in the program, and that I have disclosed all pertinent medical or special need circumstances pertaining to my child(ren). I understand that should my child(ren) not follow instructions given by Camp Staff or not behave in a respectful and polite manner, my child(ren) will be removed from the program and I will forfeit any and all fees paid. I agree to pick up my child(ren) at the appointed pick up time and that if I am unable to do so I will pay Saint Thomas the rate of \$15 per half hour for every half hour I am late picking my child(ren) up. If I am unable to pick up my child(ren), I agree and promise to notify staff immediately and hereby authorize _____ to pick up my child(ren). Said emergency contact may be reached at _____.

I agree to notify St. Thomas by 9AM if my child(ren) will not be attending camp that day. I understand there will be no refund of fees paid once camp begins.

Parent/Guardian Signature: _____

ATTENTION

Mail **all** forms to: St. Thomas the Apostle R.C. Church
ATTN: VBS Registration
203 East Avenue
Norwalk, CT 06855



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Photo Permission and Release Form

I hereby give permission to St. Thomas the Apostle R.C. Church Corporation (referred to as "St. Thomas") and the Diocese of Bridgeport and its agents and representatives to take photographs, make artistic renderings, and or make film, video or audio recordings of my child (whose name is set forth below) while s/he is participating in camp-sponsored activities for so long as s/he is at Camp.

In addition, I hereby give permission to St. Thomas to use such photographs, renderings, film, video and audio recordings in perpetuity for any purpose and in any manner it deems appropriate, in any media, including, without limitation, print, video and web-based uses. I understand that such use may include, without limitation, use in connection with school yearbooks, newsletters, brochures, websites and promotional materials. I understand that St. Thomas and the Diocese of Bridgeport has complete editorial discretion with regard to use of such photographs, renderings, film, video and audio recordings and that I will not be compensated in any way for any such use.

I release and forever discharge St. Thomas and the Diocese of Bridgeport, its affiliates, officers, agents, representatives and successors from any claims, costs, liabilities and or expenses arising from any use of such photographs, renderings, film, video and audio recordings, including, without limitation, any claims of invasion of privacy, defamation, violation of publicity rights, and hereby hold St. Thomas the Apostle R.C. Church Corporation and the Diocese of Bridgeport and its agents harmless from and against such claims.

Name of Camper: _____

Signature of Parent/Legal Guardian: _____

Printed name of Parent/Legal Guardian: _____

Address of Parent/Legal Guardian: _____

Date: _____

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**Liability/Medical Release Form
2017 Camper**

PLEASE COMPLETE ONE FORM FOR EACH CHILD

Camper Name: _____ Birth Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Parish: _____

Family Physician: _____ Phone: _____

Allergies or Medical Conditions (please be specific): _____

Current Medications: _____

Relevant Medical History: _____

Medical Insurance Provider: _____ Insurance #: _____

In case of emergency, please contact:

Name: _____ Relation to Child: _____

Phone #1: _____ Phone #2: _____

Name: _____ Relation to Child: _____

Phone #1: _____ Phone #2: _____

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Liability/Medical Release Form
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Parent/Guardian: I, _____, give permission for my Above named son/daughter to participate in the Catholic VBS Program to be held at Saint Thomas the Apostle R.C. Church ("St. Thomas") in Norwalk, CT. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, transported, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St. Thomas and the Diocese of Bridgeport or any of its employees, representatives, or agents of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Thomas or the Diocese of Bridgeport liable in the event of injury. I understand and agree that if my child suffers any form of allergic reaction, emergency medical responders will be called. Further, I agree to accept any and all financial responsibility as a result of s/he receiving such medical treatment.

My child agrees to abide by all rules and regulations stated in Diocesan and Parish policies and procedures and those also stated by Camp Staff of St. Thomas. I understand that St. Thomas and the Diocese of Bridgeport or any of its agents will not be held liable if my child fails to comply with all rules and regulations, and that any infraction of the rules or regulations may result in immediate dismissal from the program at my expense.

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Date: _____

