

Our Lady Queen of the Apostles  
VACATION BIBLE SCHOOL  
June 27—July 1  
9:00 AM - 12:30 PM



Children who are entering kindergarten through 5th grade are invited to join us!  
Program includes activities, Scripture, crafts, songs, drama and tasty snacks.

*Payment is due at the time of registration.*

NAME \_\_\_\_\_ Grade (Fall 2022) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Home Parish \_\_\_\_\_

**Parent's Information:**

NAME \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Who should we contact in case of an emergency?

NAME \_\_\_\_\_ Ad-  
dress \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List any medications your child takes \_\_\_\_\_ Allergies? \_\_\_\_\_

Any health issues we should know?  
\_\_\_\_\_

**Fees:**

\$75 per child

\$30 each additional child  
(same family)

**Shirt Sizes (please check size)**

\_\_\_\_\_ Youth Small (6-8)

\_\_\_\_\_ Youth Medium (10-12)

\_\_\_\_\_ Youth Large (14-16)

\_\_\_\_\_ Adult Small (34-36)

\_\_\_\_\_ Adult Medium (38-40)

***Please sign the Permission Form on the back of this form.*** →→ →→→→→ →→→

**Photograph and/or Videotape Consent & Release**

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participants leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_