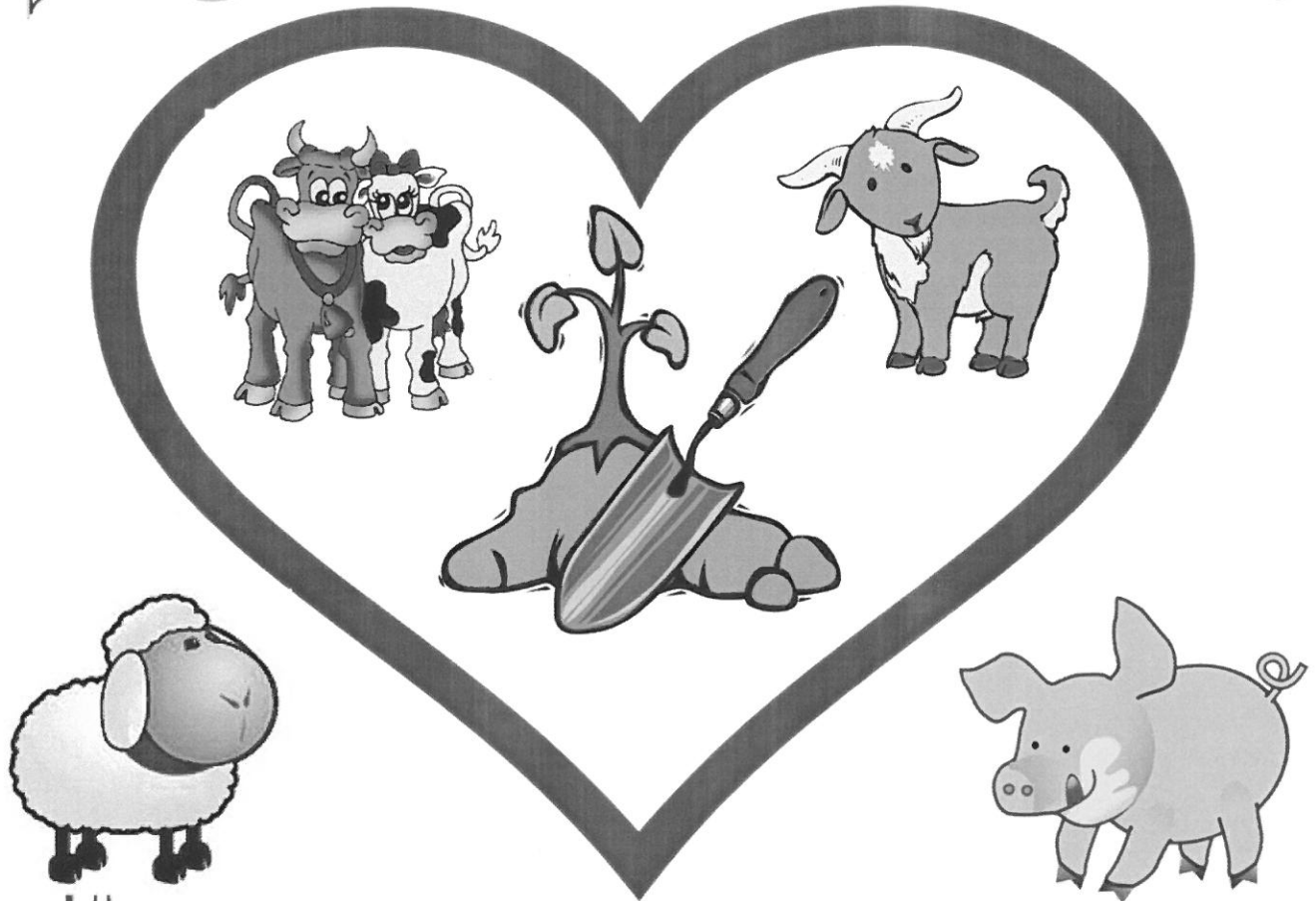


Big Heart Farms



Where God's Fruit Grows

St. Olaf Vacation Bible School 2017

August 7 –10, 9 AM to Noon

For those going into Kindergarten through Grade 5

St. Olaf Catholic Church
Vacation Bible School Registration

FAMILY INFORMATION

Last Name (name under which this form is to be filed) _____

Father/Guardian _____ Mother/Guardian _____

Family E-mail _____

Phone (H) _____ (C) _____

2 - Vacation Bible School Participants

Please list the First Name (and last if different than above), and Grade for the current school year of each child you are registering and the school they attend

Name _____ Age _____ Grade Next School Year _____

Name _____ Age _____ Grade Next School Year _____

Name _____ Age _____ Grade Next School Year _____

Name _____ Age _____ Grade Next School Year _____

Name _____ Age _____ Grade Next School Year _____

ALLERGY INFORMATION

Please list any food or other allergies for your child(ren) along with their name

3 - FEES - If the cost could prohibit you from participating please speak to Director of Faith Formation about installment plans as soon as possible.

\$15.00 per child before July 10th

\$20.00 per child after July 10th

Amount Due _____

Amount Paid _____

Balance Due _____

Registrations will be accepted on a first-come first serve basis depending on the number of students registered and the need for volunteers.

Please call or e-mail the Faith Formation Office with any questions:

Kathy Pichler

Director of Faith Formation

715-832-2504, x103

pichlerk@saintolafparish.org

(Please fill out the reverse of this form and drop off in the parish office or mail to PO Box 1203 Eau Claire WI 54702-1203)

DIOCESE OF LA CROSSE - ST. OLAF FAITH FORMATION
COMPREHENSIVE CHILD CONSENT AND RELEASE FORM
Parental/Guardian Consent Form and Liability Waiver

Participant's name(s): _____

Birth date(s): _____ Sex: _____; _____ Sex: _____; _____ Sex: _____;
_____ Sex: _____; _____ Sex: _____;

Parent/Guardian's name: _____

Home phone: _____ Cell phone: _____

PERMISSION TO USE PARTICIPANT PHOTOS: You have my permission to use said participant's photos (for parish newsletters, bulletins, blogs, etc.)

Initials of Parent/Guardian: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, sign only those that are applicable).**

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Parent/Guardian Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Please call or e-mail the Faith Formation Office with any questions:

Kathy Pichler

Director of Faith Formation

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