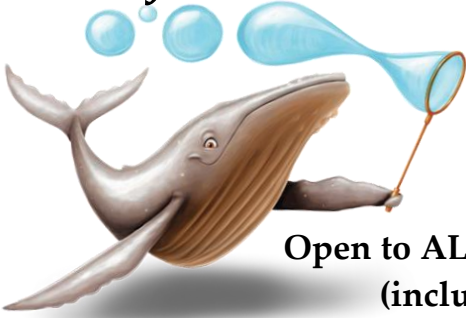


# God made YOU for a Reason!

God is for you, with you always, and will always love YOU!



## Join our Vacation Bible School



Church of Saint Clare

June 12<sup>th</sup> – 16<sup>th</sup>

9:30am – Noon

Open to ALL children

(including non-parishioners & all faiths)

Ages 4 (4 by 9/30/17) up to those just finishing 6<sup>th</sup> Grade

The fee is \$50 per child which includes daily totally Catholic . . .

\*Bible Discovery \*T-Shirt \*Exploration Station Crafts \*Snack Factory \*Sound Wave Songs \*Game Maker

\*Evening Program and Open House Thursday June 15<sup>th</sup> at 7:00pm

Mark your calendars & bring your family and friends for the presentation!

\*The children's Annual Vacation Bible School picnic on the last day, June 16<sup>th</sup>

Please complete this form & check and return it to St. Clare School or church; Attention: Mrs. Mascia

Or mail this form with check to: St. Clare Church

5659 Mayfield Rd.

Lyndhurst, OH 44124

Attention: Mrs. Mascia



### NAMES & AGES OF CHILDREN ATTENDING VACATION BIBLE SCHOOL:

If registering before May 8<sup>th</sup>, please specify your child's shirt size (Child: Sm, Med, Lg or Adult: Sm, Med, Lg) otherwise, we will order what we think is best ☺

Name: \_\_\_\_\_ Last grade completed: \_\_\_ Age: \_\_\_ Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Medical conditions/allergies/special needs: \_\_\_\_\_

Name: \_\_\_\_\_ Last grade completed: \_\_\_ Age: \_\_\_ Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Medical conditions/allergies/special needs: \_\_\_\_\_

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Name: \_\_\_\_\_ Last grade completed: \_\_\_ Age: \_\_\_ Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Medical conditions/allergies/special needs: \_\_\_\_\_

*Children must be four years old by September 30, 2017*

Fee enclosed (\$50 per child): \_\_\_\_\_ Make check payable to: Church of St. Clare

May we take pictures of your child for Vacation Bible School purposes? Yes \_\_\_ No \_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Home: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

**\*\*\* Medical Information & parent signature *MUST* be filled in on other side of this form \*\*\***



If you have any questions, would like to volunteer,  
or need financial assistance please call Mrs. Mascia at 440-449-4242 ext 119.

All information is confidential. We believe no child should be deprived of this experience for financial reasons.



**PART I OR II MUST BE COMPLETED**

**PART I (TO GRANT CONSENT)**

In the event reasonable attempts to contact me at: ( ) \_\_\_\_\_ or \_\_\_\_\_  
(phone) (other parent)

at ( ) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) The administration  
(other parent's phone)

of any treatment deemed necessary by Dr. \_\_\_\_\_, or Dr. \_\_\_\_\_ or in the  
(dentist) (physician)

event the designated preferred practitioner is not available, by another licensed physician or dentist; and  
(2) The transfer of the child to: \_\_\_\_\_ hospital or any hospital reasonably accessible. This  
authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist,  
concurring in the necessity for such surgery, are obtained before surgery is performed.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**PART II (REFUSAL TO CONSENT)**

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

I do **Not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring  
emergency treatment, I wish the school authorities to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**It is also necessary for us to have the doctor's name and phone number. Please include this information  
below:**

Doctor: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MUST BE COMPLETED:**

RE: Privacy Act. It is understood that no student information will be given out without parental consent. However, we  
wish to inform you that your name and home phone number will be given to selected adults who will keep the information  
confidential and will use it only to inform you of emergency situations. If you have any problem with this policy, please  
call me at (440) 449-4242 ext. 119.

I have read the above statement regarding the Privacy of Student Information.

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