

St. Stephen Parish Presents: Vacation Bible School

Open to children
grades K- 4th
(2023-24 school year).

THE THEME IS
THE EUCHARIST.

June 17-19, 2024

8:00 a.m. – 12:00 p.m.

Snack and juice will be
served.

Help us out!
Please consider
donating juice
to include with
snack. Please
label juice with
"VBS" and leave
in the church
basement.
Thank you!

Registration is
\$10 per child
with \$40 cap per
family. (Checks
payable to St.
Stephen.)

**Volunteers are needed to help.
Please contact the Director of
Religious Education –
Kim Gilliland at 734-753-4722**

*Please return form to the parish office or place in the collection basket no later than **June 7, 2024**.*

Family Name: _____ Home Phone: _____
Father's Name: _____ Cell Phone: _____
Mother's Name: _____ Cell Phone: _____
Address: _____
Email: _____
Emergency Contact: _____ Relation to Family: _____

** See back to register each child.**

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Date: _____

Signed: _____
(Parent or Guardian)

Youth t-shirt sizing: Xsmall 2-4, small 6-8, medium 10-12, large 14-16, Xlarge 18 (Equal to Adult Small)

1.: _____ Age: ___ 23-24 Grade: ___ Shirt size: _____

Special Needs/Allergies: _____

2.: _____ Age: ___ 23-24 Grade: ___ Shirt size: _____

Special Needs/Allergies: _____

3.: _____ Age: ___ 23-24 Grade: ___ Shirt size: _____

Special Needs/Allergies: _____

4.: _____ Age: ___ 23-24 Grade: ___ Shirt size: _____

Special Needs/Allergies: _____