

**St. Patrick Parish & Shrine**  
3285 Mills Road  
Taylor Mill, KY 41015  
Phone: (859) 356-5151  
www.stpatrickchurch.us



**Date:** June 24-27, 2019  
**Time:** 5:30pm-8:00 pm  
**Ages:** Preschool-5th Grade  
**Cost:** \$20 per child, or \$60 max. per family

## Registration Form

Child's name \_\_\_\_\_

Grade completed \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Code \_\_\_\_\_

Mother's/guardian's name \_\_\_\_\_

Phone during VBS time \_\_\_\_\_

Father's/guardian's name \_\_\_\_\_

Phone during VBS time \_\_\_\_\_

Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Home church (if any) \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical issues/Special instructions \_\_\_\_\_

Person(s) authorized to pick up child \_\_\_\_\_

Emergency contact if parent/guardian can't be reached \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

I give my permission to the staff to seek medical attention for my child if necessary while participating in Wacky World of Water functions. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff or those supervising liable.

I give permission for my child to be photographed or videoed for any lawful purpose associated with this VBS.

Signature of parent or guardian \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_