

Mary, Mother of the Church Parish
VACATION BIBLE SCHOOL
SHIPWRECKED
OFFICE OF RELIGIOUS EDUCATION
45 CROSSWICKS STREET
BORDENTOWN, NJ 08505
(609) 291-8281



STUDENT INFORMATION

(Children entering Kindergarten – 6th Grade in September, 2018)

Student's Name (please print) _____

Gender: ___M ___F DOB:_____/_____/_____ Grade completed as of June 2018_____

If child does not live with both parents, does other parent have legal access (circle one) Yes No

Allergies (food, seasonal, etc.) _____

Special Learning Needs _____

Chronic Illnesses/Disabilities _____

FAMILY INFORMATION

Parent/Guardian Name _____

Home Address _____

Email _____

Cell Phone # _____

EMERGENCY INFORMATION

Alternate Emergency Name _____ Phone # _____

Relationship _____

Alternate Emergency Name _____ Phone # _____

Relationship _____

Family Doctor Name _____ Phone # _____

Family Dentist Name _____ Phone # _____

Preferred Hospital _____

AUGUST 6 – 10, 2018
Monday – Friday 9:00am – noon
Fee: \$35.00 per child
Includes: snacks, arts 'n' crafts, bible stories, songs and games

(PLEASE COMPLETE OTHER SIDE)

If you and the physician of your choice, as indicated on previous page, can not be reached in the event of an emergency, and, if in the judgment of the Parish authorities immediate medical and/or hospital attention is indicated, do you authorize the Parish authorities to send your child (properly accompanied) to an available hospital or physician?

_____ YES _____ NO

Signature of Parent or Legal Guardian

Date

As the parent and/or legal guardian, I authorize the treatment of my minor child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

_____ YES _____ NO

Signature of Parent or Legal Guardian

Date

You may photograph my child for program use only.

_____ YES _____ NO



Volunteers Needed!

All Adults, Jr. High and High School Students may Volunteer to help out during our VBS week of
August 6 - 10, 2018 8:45AM – 12:15PM

Name: _____ Phone #: _____

Email: _____