

Our Mother of Confidence Vacation Bible School
 July 22—July 26, 2019
 Children Ages 4 — Entering 8th Grade

Name **Birthday** **Grade 2019-20** **T-shirt size**

1. _____
2. _____
3. _____

Street address: _____

City/State: _____ ZIP: _____ **Primary Phone:** _____

Parent Name: _____ Alternate phone: _____

Email address: _____

Emergency Contact (name, not same a parent above): _____

Emergency Contact Phone: _____

Alternate Pickup Name & Phone #: _____

Allergies, Special Needs or Medical Issues (Specify which child):

Child's Name: _____ Need: _____

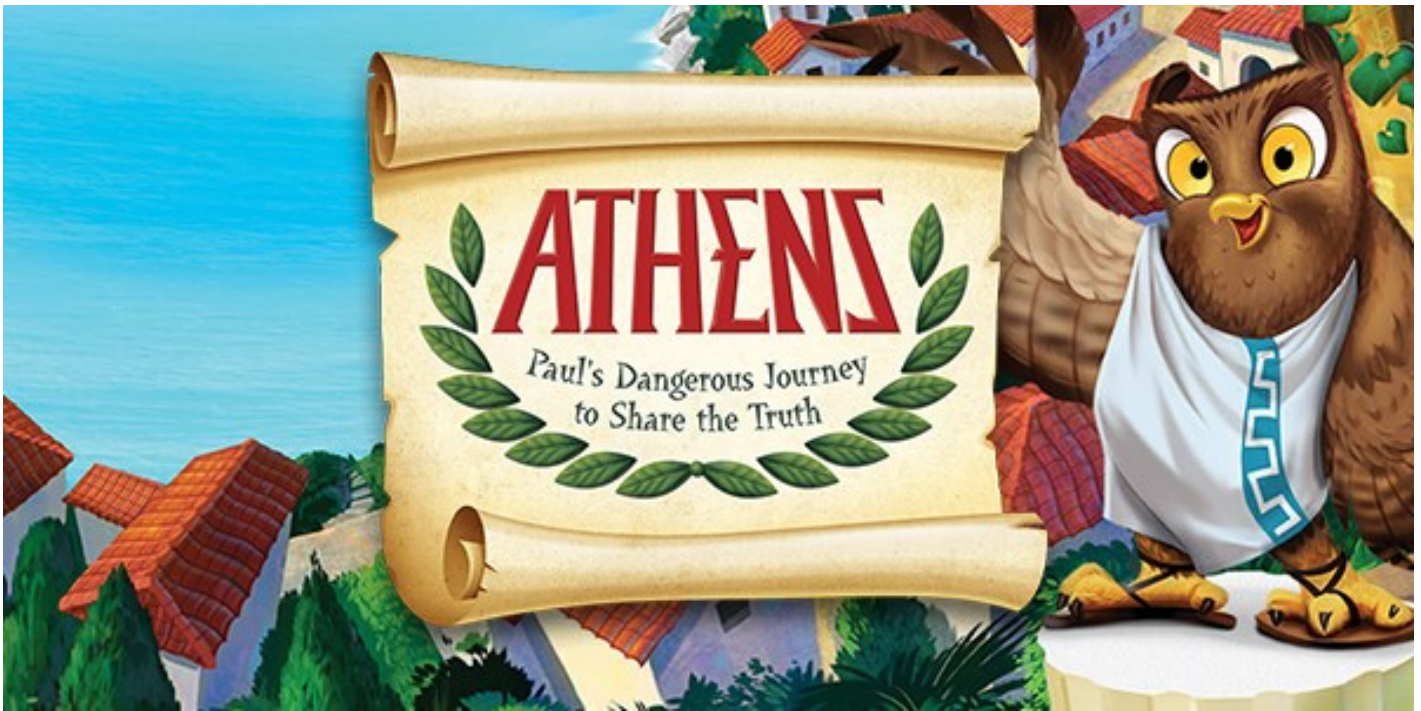
Child's Name: _____ Need: _____

_____ (initial here) PHOTO/VIDEO RELEASE I authorize Our Mother of Confidence of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video my child for purposes of furthering the mission of OMC, in this specific case, the creation of publication materials for Vacation Bible School. Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OMC related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights

_____ (initial here) I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand emergency services will be called in the event of a significant injury and all expenses for such services will be paid by me.

Parent's Signature: _____ Date: _____

* Payment secures your spot. Scholarships available.



**Our Mother of Confidence
Vacation Bible School 2018
July 22—July 26, 2019
8:45AM—12:15PM**

**\$45 for first child, \$35 for siblings
Ages 4—Entering 8th Grade
Register now in the
Faith Formation Office
or online at
vbspro.events/p/omc-vbs**