



"Marvelous Mystery" VBS Participant Registration Form

Please submit one form per child to the Office of Religious Ed at St. Fidelis by/before May 5th. You may email to Jeanette, CRE, at Fidelisyouth@ruraltel.net or drop off at the parish office during office hours. **Please consider a good will donation of \$5 per child to help off-set costs for this VBS, payable to St. Fidelis Religious Ed.**

VBS Dates: June 7 – June 11, 2021

8:30 – 11:30 A.M. daily

Location of event: St. Fidelis Spiritual Life Center

Child's Information: Name: _____

Sex: _____ Age: _____ Grade ('20-'21 year): _____

Allergies or medical conditions (see back side for additional space):

Medical insurance information *Please complete the following information as it applies to your health insurance card, OR you may make a copy [front and back side of card] and provide copy of insurance with this form.

Insurance company name: _____ Member I.D. #: _____

Policy holder's name: _____ Group #: _____

Policy holder's birthdate: _____

Health insurance billing address (for claims): _____

Family information

(Parent/Guardian #1 and #2 will be contacted in the event of an emergency. If you would like to list additional emergency contacts for your son/daughter, in case the Office of Religious Education is unable to reach either parent/guardian, than please leave this additional information on the back of this form.)

Parent/Guardian Name #1: _____ Relation: _____

Address: _____

Phone Numbers: Cell: _____ Home or Work: _____

Parent/Guardian Name #2: _____ Relation: _____

Address: _____

Phone Numbers: Cell: _____ Home or Work: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Office of Religious Education at St. Fidelis to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Diocese of Salina and the Basilica of St. Fidelis from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the

VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent/Guardian Signature: _____ Date: _____

Please submit by/before May 5th. This form is fillable online.

Emergency Contact (in addition to parent/guardian's listed on the front page):

Name: _____

Relationship to child: _____

Address: _____

Phone numbers: Cell _____ Home _____

Any additional information we may need to know (for example: early pick-up dates or late drop-off dates, allergies, medications, current medical conditions/diagnoses' that could affect your child's physical wellbeing or behavior. This information is made available to volunteers at the VBS who are directly involved with your child's supervision/care. Information is otherwise meant to be kept confidential.

ENTER ADDITIONAL INFORMATION BELOW

Good will donations accepted and appreciated. Donations can be made with cash or check to St. Fidelis Religious Education, memo: Marvelous Mystery.

In Christ,

Basilica of St. Fidelis and Office of Religious Education

601 10th Street, Victoria, KS 67671

Contact: Jeanette Brungardt

Cell: 785-639-5067

Email: Fidelisyouth@ruraltel.net