

CATHEDRAL OF ST. JOHN THE EVANGELIST
SUMMER RELIGION PROGRAM REGISTRATION

Space is limited!!!

Let your child enjoy the fun and enriching experience of **Vacation Bible School**. This program allows your child to learn more about his/her faith in a fun, creative way.

Vacation Bible School is open to children who will be in
Pre-K – 4th Grade in the Fall of 2011

June 6 - 10, 2011 (Monday - Friday) 8:30 a.m. - 12:00 p.m.
Cathedral-Carmel School

To insure that your child receives a shirt, registration and payment must be received by the May 12th deadline.
NO EXCEPTIONS; LATE REGISTRANTS WILL BE DENIED AFTER MAY 12, 2011

Registration Begins - April 18, 2011

Please return the bottom of this form with the registration fee of \$35 per child.
Make Checks payable to Cathedral of St. John. Mail to the following address by May 12th:
Attn: Cathedral of St. John, Summer Religion, 914 St. John St., Lafayette, LA 70502

Registration will be confirmed with an information letter sent to you during the first week of June. If you do not receive a letter prior to the beginning of the program, call Allyson Hebert at **235-2547** or Margaret Simon at **232-1322**. If you have any questions regarding registration, please e-mail or call the religious education department at sjclaf@bellsouth.net or (337) 232-1322. You should receive a prompt response to your questions.

Student's Name: _____
First Name Nickname Last Name Male/Female

Parents: _____
Father (first & last name) Mother (first & last name)

Mailing Address: _____
P.O. Box or Street Address City State Zip

Day Time Phone: _____
Mother Father

Grade that my child will be in the Fall of 2011: (Circle One) Pre-K K 1 2 3 4

T-Shirt size (*circle one*) Child S (6-8) M(10-12) L(14-16) Adult S M L XL

Does your child have any specific needs? _____ Yes _____ No
If yes, please explain: _____

PLEASE COMPLETE THE ATTACHED PARENTAL CONSENT AND LIABILITY WAIVER.
Fee paid: Date: _____ Cash \$ _____ or Check \$ _____ Check # _____
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Cathedral of St. John the Evangelist Roman Catholic Church, and Cathedral Carmel School, its officers, directors, employees and agents, and the Arch/Diocese of Lafayette, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of Lafayette, its employees and agents and chaperons, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of Lafayette, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

MEDICAL MATTERS CONTINUED

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations?

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
