

VBS Registration Form

(confidential form)

Web: www.torringtoncatholics.org * E-mail: torringtonconfirmation@yahoo.com * Tel 860-489-7899

Child's Name _____

Age _____ Last grade completed _____ Date of birth ____/____/____ Gender M F

Parent/Guardian:

Name _____

Phone (_____) _____

Cell (_____) _____

Child's Street Address _____

City/State/Zip _____

E-mail address: _____ Parish _____

Please check box if you would like to volunteer:

Person responsible for picking up child at end of each VBS day _____

I grant permission for my son/daughter _____ to attend
Vacation Bible School at Sacred Heart Church Hall, **August 9-13, 2010.**

As parent and/or legal guardian, I remain legally liable for any actions or damage made by the above named minor. I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend the Torrington Cluster of Roman Catholic Parishes (Sacred Heart, St. Francis, St. Mary and St. Peter) its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith.

Are there any medical conditions, special needs, or allergies that we should be made aware of? _____

If so, please explain _____

List any medications that must accompany your child? _____

Please be sure to give any medication to our Pastoral Associate, Tony Smith.

In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention.

Emergency Contact _____ Relationship _____

Phone (_____) _____ Cell (_____) _____

Signature of Parent _____ Date ____/____/____

Drop off or mail Registration and payment to the Pastoral Center – 160 Main St., Torrington. Checks should be made payable to St. Peter Church.