



Discovery Mission:  
Catholic Vocation Bible School  
July 16-20, 2018

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ relationship: \_\_\_\_\_

School Grade 2018-2019: \_\_\_\_\_ / age as of Sept. 1, 2018: \_\_\_\_\_

Home Church: \_\_\_\_\_ St. Philip Neri \_\_\_\_\_ St. Paul \_\_\_\_\_ other: \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_

We must have an Archdiocesan Form A on file at SPN for emergency medical treatment.

I filled out a Form A and media release form for my child. It is on file with the DRE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR DRE OR VBS DIRECTOR USE ONLY

\_\_\_\_\_ Medical Form A

\_\_\_\_\_ Media Release

\_\_\_\_\_ VBS Only

OR

\_\_\_\_\_ VBS and RE