

# VACATION BIBLE SCHOOL – Saint Monica Catholic Church

501 North Street, Converse, Texas 78109  
210-885-0861 – Annette Winfield  
VBS Director

Received 1 <sup>st</sup> Communion by June 28th: Yes[ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	(This information will help us guide your child at Mass on Friday)		
Today's Date:			
Form Completed by:			

1. FAMILY INFORMATION			
<b>Child's Last Name:</b>			
<b>Primary Parish (for Information only)</b>			
<b>Mother's Name:</b>			
<b>Mailing Address:</b>		<b>Cell</b>	
<b>City, State, Zip:</b>		<b>Work:</b>	
<b>Email Address:</b>			
<b>Father's Name:</b>			
<b>Mailing Address:</b>			
<b>City, State, Zip:</b>		<b>Work:</b>	
<b>Email Address:</b>		<b>Cell:</b>	

2. STUDENT REGISTRATION			
Student Name:	Last Name	First Name	Middle Name
<b>Date of Birth: mmddyy</b>			<b>Age:</b>
<b>School Grade in Fall 2024</b>			

### 5. Emergency Contact Information

Please list people to call in case of an emergency, and parents cannot be contacted. – At least one please.

Name: Phone#

Relationship to child:

Name: Phone#

Relationship to child:

### 6. Emergency Medical Information

A. List any Chronic Health Conditions, Recent/Current Serious Illness or Injury:

B. List any Food or Environmental Allergies:

I authorize a representative of St. Monica Religious Education to refer/and or transport my child to the doctor in the event of an emergency of sudden illness, providing the primary and alternative person(s) designated by me cannot be reached.

Parent or Guardian signature

Date:

### 6. INSURANCE INFORMATION

Insurance Company:

Identification Number:

Policy Number:

Group ID Number:

#### EMERGENCY MEDICAL TREATMENT RELEASE

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, in the event of a medical situation occurring in my absence or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where the physicians render treatment.

I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child.

Child's Name:

Parent or Guardian Signature:

Cell #

Email:

## 7. PICK-UP AUTHORIZATION

Please list below those who are authorized by you to pick-up your child/ren from class:

AUTHORIZED		Not Authorized	
<b>1. Name:</b>		<b>Name:</b>	
<b>Relationship to child:</b>		<b>Relationship to child:</b>	
<b>2. Name:</b>		<b>Name:</b>	
<b>Relationship to child:</b>		<b>Relationship to child:</b>	
<b>3. Name:</b>		<b>Name:</b>	
<b>Relationship to child:</b>		<b>Relationship to child:</b>	

For Office Use Only:					

**Authorization to Publish Pictures**  
Saint Monica Catholic Church  
501 North Street, Converse, Texas 78109

Office of Religious Education

Please fill out and sign the appropriate statement to either grant or to decline permission to use pictures of you and/or of your children on the church web site and/or for other church publicity. Individual pictures of children will not be published. No Names will accompany any photographs used on the web site.

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**To GRANT permission to use your picture and/or your child's picture:**

I, \_\_\_\_\_ (print your name) **GRANT**  
**permission** for Saint Monica Catholic Church to publish pictures of me and/or my child,  
\_\_\_\_\_(Print name of child or  
children) on the church's web site or in the church's publicity information, newsletters or  
bulletins. I understand that if I give notice to the webmaster that I object to any particular  
picture of me or my child on the web site, it will be removed as soon as possible. I  
understand that neither I nor the child nor the children named above will be paid any  
royalty or other compensation for the publication of the picture.

I further state that I have the right to grant or refuse this permission as I am the child's  
parent or legal guardian.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To REFUSE permission to use your picture and/or your child's picture:**

I, \_\_\_\_\_ (print your name) **REFUSE**  
**to grant permission** for Saint Monica Catholic Church to publish pictures of me or  
my child \_\_\_\_\_(print name of child or  
children) on the church's web site or in the church's publicity information, newsletters or  
bulletins. Any pictures which include a recognizable picture of me, or my child or  
children may not be used unless I change this statement with particular written  
permission to the contrary for that instance.

I further state that I have the right to grant or refuse this permission as I am the child's  
parent or legal guardian.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_