

Student Enrollment Form

St Rose Presents

615 Vine Ave, Roseville, CA 95678

Vacation Bible Camp



Monday July 17 – Friday July 21, 2017

9:00 am – 12:00 pm

For Ages: 4 years old – 5th Grade

\$50 Suggested Donation: _____

T-Shirt Size: _____

(Youth: Sm, Med, Large or XL)

Student Name _____ Age: _____

Birth Date: _____ School Grade in the Fall: _____

Parent's Names: _____

Home Address: _____

City: _____ Zip: _____ Phone #: _____

Email: _____

I would like to receive enrollment confirmation via (check one):

Email or Mail

Complete

Emergency form on the back -----> Saint Rose Religious Education

Emergency Form

Student Name: _____ Birth date: _____

Address: _____ Telephone: _____

Parent cell or emergency contact number: _____

If I/we cannot be reached, you have my/our permission to contact either of the following persons:

1. Name _____ Number: _____ Relationship: _____

2. Name _____ Number: _____ Relationship: _____

Name of Family Physician: _____ Telephone: _____

Family Health Plan Carrier: _____ Policy No. _____

I understand that the Religious Education program does not assume responsibility for payment of a physician. If our physician cannot be reached, a church official may choose a physician. Yes ___/ No ___

Authorization of Consent for Treatment of a Minor

In the event of a serious emergency and none of the persons listed on this form can be contacted, I authorize Religious Education officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent for any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a certified hospital.

I hereby agree to bear all costs incurred as result to the foregoing.

Parent's Name (Please Print)

Parent's Signature

Date

My child listed above is ALLERGIC to: _____

My child listed above has been diagnosed with the following Medical Condition(s) or special needs:

*** I choose not to sign the above statement. In the event of an accident or emergency please:

Parent Name (Print)

Parent Signature

Date