



St. Monica Vacation Bible School Day: February 21, 2023

Ages 4 & up • 8:45 AM -3:45 PM (lunch included)

Questions: email jessica.tette@dor.org

Join us for a day of self-care! Wear comfy clothes and bring a pillow/blanket for our afternoon movie. If your child has any symptoms of COVID-19, a positive test, or a known exposure, please remain home.

RETURN FORM BY FEB 14

to jessica.tette@dor.org

or mail to

St. Monica Church

34 Monica St. Rochester

NY 14619

	Name	Grade	Date of Birth	Special Needs/Allergies	Can this child use the following at our spa?
Child 1					<input type="checkbox"/> Face sheet mask <input type="checkbox"/> Nail polish <input type="checkbox"/> Foot bath with mild soap
Child 2					<input type="checkbox"/> Face sheet mask <input type="checkbox"/> Nail polish <input type="checkbox"/> Foot bath with mild soap
Child 3					<input type="checkbox"/> Face sheet mask <input type="checkbox"/> Nail polish <input type="checkbox"/> Foot bath with mild soap
Child 4					<input type="checkbox"/> Face sheet mask <input type="checkbox"/> Nail polish <input type="checkbox"/> Foot bath with mild soap

Parent/Guardian Name: _____ Phone: _____

Address: _____ Zip: _____ Email: _____

Emergency Contact (someone other than parent/guardian): _____ Phone: _____

Are you registered members of St. Monica Church? Y N Are you interested in volunteering for VBS? Y N

Health Insurance Company name: _____

Primary Care Physician: _____ Physician Phone: _____

OVER →

LIABILITY RELEASE: I understand that reasonable precautions will be taken to safeguard the health and wellbeing of participants in St. Monica VBS activities and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team or other volunteer or church staff member to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that myself or other legal guardian cannot be reached. I hereby do release and forever hold harmless this Diocese of Rochester and St. Monica Church of Rochester from all manners of actions, claims, which I or the child named above shall or may have for any reason arising during my and my child's attendance of VBS events.

MEDIA RELEASE: I consent to allowing my and my child's image and to be recorded, either by photograph or video, to be used for promotional or publicity purposed for St. Monica Church/Emmanuel Church of the Deaf. Please note that St. Monica Church will not associate any identifying information with the photographs or videos without contacting the parent/guardian.

I am the parent or legal guardian of the minor(s) _____.

I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of the Liability, Media, and COVID-19 Release.

Signature: _____ Date: _____

Name (printed): _____

VBS at St. Monica is funded by the generosity of the Bedford family fund and so many of our St. Monica parishioners. Donations are always welcome. Please return VBS registration to Jessica at Jessica.tette@dor.org or mail to the church office by **February 14th**.

Peace! Jessica Tette, Youth Faith Formation at St. Monica Church

What happens at this day-long VBS?

- | | |
|-------------------|--|
| *Games! | *Music! |
| *Art/crafts! | *Bible stories and skits! |
| *Snack! | *Prizes! |
| *Lunch! | *Fun! |
| *Mass! | *Amazing teen and adult leaders you know and love! |
| *St. Monica spa! | *Board games! |
| *Self-care! | *Popcorn! |
| *Afternoon movie! | *Hot cocoa! |
| *Music! | *Friends! |
| *Faith! | |