

Christ The King Parish Presents . . .

Catholic Vacation Bible School!



**JULY 30 - AUG. 3, 2018; 9 AM TO 12:30 PM**

**CHILDREN IN GRADES K-5 THIS FALL**

**At Christ the King Catholic Parish**

**405 N 117th St, Seattle, WA 98133**

**COST: \$35 PER CHILD for forms turned in by JUNE 30th.**

**\$40 PER CHILD for forms turned in after that.**

**The registration fee includes a t-shirt and CD.**

Join us for Bible stories, Lives of the Saints, Songs, Crafts & More!!

FOR QUESTIONS: Email EllenAnn Chiddix-Johnston at [echiddix@ckseattle.org](mailto:echiddix@ckseattle.org)

**Family Name (last name):** \_\_\_\_\_

Child: \_\_\_\_\_ Grade In Fall: \_\_\_\_\_ Youth Shirt Size (please circle) S M L XL

Child: \_\_\_\_\_ Grade In Fall: \_\_\_\_\_ Youth Shirt Size (please circle) S M L XL

Child: \_\_\_\_\_ Grade In Fall: \_\_\_\_\_ Youth Shirt Size (please circle) S M L XL

Child: \_\_\_\_\_ Grade In Fall: \_\_\_\_\_ Youth Shirt Size (please circle) S M L XL

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**Participant Information Continued...**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Email (PLEASE WRITE LEGIBLY): \_\_\_\_\_

**All communication is done via email.**

Allergies: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Medical Conditions we should be aware of: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ ID/Group # \_\_\_\_\_

I give my child(ren) permission to participate in the Christ the King/St. Luke Vacation Bible School. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, and volunteers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that if possible, I be contacted prior to treatment. As parent and/or legal guardian, I remain fully responsible for any legal responsibility which may result from personal actions taken by my child(ren).

**Photo Release Statement:**

I understand the during the week of Vacation Bible School, photographs may be taken of my child(ren) during various activities. By signing this form, I agree that Christ the King and St. Luke Churches may use my child(ren)'s photos for lawful purposes including publicity, promotional material and web content. \*Please note that for your security, Christ the King/St. Luke Churches do not associate names with photos\*

**Please make checks payable to Christ the King Parish.**

**Please drop off or mail check and registration to:**  
**Christ the King Parish, 405 N. 117th St., Seattle, WA 98133**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ Donation: \_\_\_\_\_

(Any donations help cover the costs of supplies and food for the week and would be greatly appreciated)