



ST. PHILIP NERI VBS REGISTRATION FORM

Please fill out one form for each child.

July 17-21, 2023 9:00 AM-Noon

Shine a light on Jesus' love! Launch kids on a cosmic quest where they'll have a blast shining Jesus' light to the world. For children who have completed Pre-K4 through entering 4th Grade. Please include the fee of \$75/child which includes music CD, T-shirt*, Arts and Crafts, and daily snacks. Registration closes when all spots are filled

Child's Name: _____ Sex : M or F

Last completed school grade: _____ Age: _____

Parent's Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell phone: _____

Email address: _____ Child's size T-shirt: S M L XL

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

1) Name: _____ Contact number: _____ Relationship: _____

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- Please see the other side for information about my child's allergies, medical conditions, etc.
- I give permission that, in my absence, my child may receive emergency medical care for injuries and all other situations that should occur while participating in VBS activities at Saint Philip Neri Parish.
- I give consent for my child to sing at SunRise Retirement Community on Friday, July 22, 2022.

Signed (Parent/Legal Guardian): _____ Date: _____

I or another adult in my family is interested in volunteering! (The \$75 fee will be waived for those who volunteer full time in VBS. We'll be in touch with you regarding requirements.)

Name: _____ Contact Information: _____

Checks are payable to St. Philip Neri.
Fees and Forms should be returned to SPN VBS, 437 Ridge Pike, Lafayette Hill, PA 19444, ATTN: Sharon Otto
*T-shirt/size cannot be guaranteed after 6/16/23 due to ordering deadline.

We hope that SPN VBS is a place of welcome and belonging for everyone who attends. To help us accomplish this goal, we ask that you please complete this additional information for each of your students. If you would like to share any more information with the VBS team, please feel free to do so. A member of the team will reach out to you as needed. Thank you!

What is the most important thing we should know about your student?

Does your student have any limitations pertaining to physical activity? Yes No
If yes, please describe them here:

Does your student use assistive technology devices and/or services? Yes No
If yes, please describe them here:

Does your student have any communication needs (required for deaf or hard-of-hearing)? Yes No
If yes, please describe them here:

Does your student have blindness or vision loss? Yes No
If yes, please describe here:

Does your student have any allergies, a seizure disorder or history of seizures, or asthma? Yes No
If yes, please provide all relevant information here:

Does your student have any specific toileting needs? Yes No
If yes, please describe here:

Does your student experience any sensory-seeking behavior? Are there particular stimuli that trigger your student? What calms your student?

Is there anything else we should know about your student?