

VACATION BIBLE SCHOOL 2025

REGISTRATION



WHO:

Children entering K3-3rd grade—Fall 2025
Incoming 4th-5th graders register for **SUMMIT**

WHERE:

St. Dominic Parish—18255 W. Capitol Dr.

WHEN:

July 21-25 | 9:00am-12:00pm

PARENT/GUARDIAN INFORMATION:

Family Last Name: _____

Address: _____
City _____ Zip code _____

Father's name: _____

Mother's name: _____

Father's email: _____

Mother's email: _____

Father's cell #: _____

Mother's cell #: _____

CHILD #1

Name: _____

Date of Birth: _____

Sex: M F Fall 2025 grade: _____

School: _____

Allergies/medical concerns/special needs: _____

CHILD #2

Name: _____

Date of Birth: _____

Sex: M F Fall 2025 grade: _____

School: _____

Allergies/medical concerns/special needs: _____

CHILD #3

Name: _____

Date of Birth: _____

Sex: M F Fall 2025 grade: _____

School: _____

Allergies/medical concerns/special needs: _____



PHOTO/VIDEO RELEASE

I/We hereby understand that my child/ward's participation in this event/class grants St. Dominic Catholic Parish permission to use my child's photograph(s)/video in any of its current or future publications. I will make no monetary or other claim against St. Dominic Catholic Parish for the use of the photograph(s)/video for any current or future use.

Parent/Legal Guardian Signature: _____ Date: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

INDEMNITY AGREEMENT

I/We hereby consent to participation by my/our child/ward in this St. Dominic Catholic Parish ministry and hereby release St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) from responsibility of personal injury. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by St. Dominic Catholic Parish in defending a lawsuit that I or my CHILD/WARD may bring against the parish which relates to the above named ministries if the parish is found not legally liable by the courts and prevails in the lawsuit. If the parish is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ministry that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the St. Dominic Catholic Parish to clarify any concerns or questions about the ministry or this agreement that I may have had.

Parent/Legal Guardian Signature: _____ Date: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

EMERGENCY TREATMENT

I/We further give our permission for any medical treatment deemed necessary while said child/ward are under the care of St. Dominic Catholic Parish and its representatives as a participant. Parents will be contacted immediately should medical treatment or hospitalization be required. In the event of any emergency, and I/We cannot be reached, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If I/We are unable to be reached, the listed emergency contact is given temporary medical power of attorney until we are reached.

Parent/Legal Guardian Signature: _____ Date: _____

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

EMERGENCY CONTACT INFORMATION:

Please provide an emergency contact, other than a parent, in the event that neither parent can be reached:

Name: _____ Phone: _____

Relationship to student/s: _____

YES, PLEASE CONTACT ME ABOUT HELPING WITH VBS! (VOLUNTEERS RECEIVE FEE DISCOUNT)

VACATION BIBLE SCHOOL FEE = \$35 PER CHILD

Payment may be made online at <https://tinyurl.com/StDominicVBS>
or by check payable to *St. Dominic Parish*



QUESTIONS? CONTACT STACEY IRVINE: STACEY.IRVINE@STDOMINIC.NET or (262) 781-3480

PLEASE RETURN THIS FORM TO THE PARISH OFFICE OR EMAIL IT TO SUZETTE.HILDEBRAND@STDOMINIC.NET