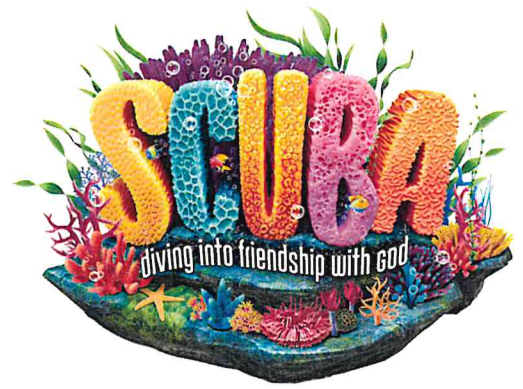


SCUBA-Totally Catholic VBS 2024

June 10 - June 14, 9:00 am-12:00 pm



Registration forms and fees are due by May 20th.
*****Late registrations will not be accepted*****
VBS is for children 4 years old - incoming 5th grade in the fall.
Children must have turned 4 years old by January 1, 2024

\$25.00-one child
\$45.00-two children in the same immediate family
\$65.00-three children in the same immediate family
\$75.00-four or more children in the same immediate family
Registration is limited and will be on a first come, first served basis
Make checks payable to Saint Stephen Cathedral

Parent/Guardian Information

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Emergency Contact Number: () _____

_____ I would like to volunteer for the week of VBS.

Volunteer Name: _____

Contact Number: _____

Email Address: _____

Birthdate/age (if younger than 18): _____

Are you Safe Environment Certified? _____

(IMPORTANT- If you are 18 or older, you must be Safe Environment certified. If you are not currently certified, please notify me for instructions to become certified immediately. Please do not wait on this, as it takes several weeks to get the background checks back from the Diocese of Owensboro. Thank you!)

Name of persons, other than parents listed, permitted to pick up your child(ren).

Pick Up 1: _____

Relationship: _____

Pick Up 2: _____

Relationship: _____

Questions? Contact Cheryl at cpowell@sscobo.org

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!

Child 1

Name: _____

Age: _____

Birthdate: _____

Entering grade: _____

T-shirt size: YS (6-8) _____ YM (10-12) _____ YL (14-16) _____

Allergies: Yes _____ No _____

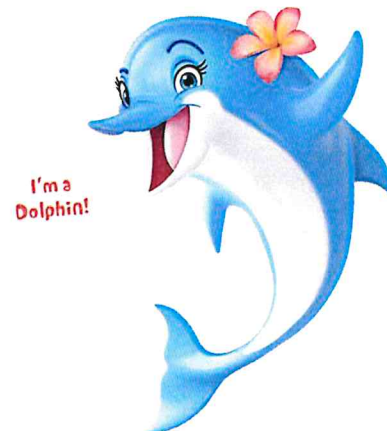
If yes, please explain _____

Medical Conditions: Yes: _____ No _____

If yes, please explain _____

Other concerns: _____

Permission to use photographs of your child: Yes: _____ No: _____



Child 2

Name: _____

Age: _____

Birthdate: _____

Entering grade: _____

T-shirt size: YS (6-8) _____ YM (10-12) _____ YL (14-16) _____

Allergies: Yes _____ No _____

If yes, please explain _____

Medical Conditions: Yes: _____ No _____

If yes, please explain _____

Other concerns: _____

Permission to use photographs of your child: Yes: _____ No: _____

Due to VBS staffing requirements and to have adequate supplies, the
*****Deadline for registration is May 20, 2024!*****
*****Late registrations will not be accepted.*****

Please return completed form and payment made payable to
Saint Stephen Cathedral to the office.
Attn: Cheryl Powell

GRADES K–2 CODE OF CONDUCT FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities for young people from all over the Diocese of Owensboro to encounter and follow Jesus Christ, building a community of faith that empowers them to go forth as missionary disciples. With these goals in mind, we have certain expectations of the children, youth, and adults who participate. Young people participating in the Church’s youth activities are under the care of supervisory adults, who are responsible for knowing and following diocesan policy.

It is the responsibility of the parent/guardian to explain this Code of Conduct to their child.

1. I will obey school/parish rules and respect the adults who watch over me.
2. I will be kind and say nice things to others.
3. I will keep my hands to myself except when helping others.
4. I will take turns and include others.
5. I will not hurt or say I’m going to hurt another person or myself.
6. I will tell an adult in charge when someone is being hurt or there is an emergency.
7. I will respect other people’s things. I will not take anything which belongs to others without permission. If something is broken, I will tell one of the adults who watches over me.
8. I will be a good listener and not interrupt.
9. I will only use cell phones or other electronic devices if one of the adults watching over me says it is allowed.
10. The Diocese has in place a Search & Seizure Policy (available on request and on diocesan website).

YOUTH PARTICIPANT/STUDENT: (Print Name) _____

I understand that any action inconsistent with this Code of Conduct may result in appropriate disciplinary action.

X _____
Signature of Participant / Student Date

X _____
Signature of Parent / Legal Guardian Date

Notes:

1. By signing this, I acknowledge that photographs/videos of my child may be used for the purpose of publication. If I do not want my child photographed for such purpose, I am responsible for notifying the program organizer in writing.
2. Diocesan policy states that “no one should be left alone in a supervisory capacity. There should always be a minimum of two Safe Environment-cleared adults” present. Parent(s)/guardian(s) are to see that child arrives and is picked up at designated times to avoid violation of this policy.
3. It is highly suggested that parent(s)/guardian(s) talk with the child about the dangers of accepting unknown substances from others as it may be drugs or harmful substances.

For school events if the teacher, staff contact, or an adult supervisor is in attendance, that person should keep this form. If youth are not accompanied by school representative, then forms should be forwarded to appropriate school office PRIOR to event.

Name/Address of Diocesan Institution Sponsoring Program/Activity _____

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR YOUTH

(Parent /legal guardian completes form and is responsible for the information being current. Original form is kept on file at parish/school; a copy must be readily available for all overnight or off-site events.)

Youth Participant's Name _____ Prefers to be called: _____

Male Female Birthdate ___/___/___ School & Grade: _____

Address _____ Phone _____

Father's OR Legal Guardian's Name _____

Home Address (street, city, zip) _____

Home Phone _____ Work/Cell Phone _____ Email _____

Preferred Means of Communication: Phone Call Text Email

Mother's OR Legal Guardian's Name _____

Home Address (street, city, zip) _____

Home Phone _____ Work/Cell Phone _____ Email _____

Preferred Means of Communication: Phone Call Text Email

In an emergency, please notify (Name/Phone #): _____

If above individual cannot be reached, please notify (Name/Phone #): _____

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME _____

Name anyone who is restrained from picking up the child. _____

HEALTH HISTORY:

Child's Physician: _____

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: _____

Name of any **medications** and concise directions, including dosage and frequency of dosage: _____

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given:

Acetaminophen Yes No
Ibuprofen Yes No

Any allergies (food, latex, animals, etc?) Yes No

Allergic to any medications? Yes No

If yes, please list and describe: _____

Does child carry EpiPen? Yes No If yes, where is it located? _____

Date of last tetanus shot _____ Contact lenses? Yes No

Any swimming restrictions: Yes No What? _____

Any activity restrictions? Yes No What? _____

(OVER)

Consent for Emergency Care

I/We, the undersigned parent(s)/guardian of _____ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature (Age 21 or older): _____ Date: _____

Health Insurance Company (that covers above-named child): _____

Insurance Policy #: _____ Group #: _____

Name of Policy Holder: _____ Date of Birth of Policy Holder: _____

Policy Holder's Place of Work: _____

PERMISSION FORM & LIABILITY RELEASE

PURPOSE: This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/ herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

NOTE TO PARENT/GUARDIAN: You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).