



KINDERGARTEN – 5TH GRADE VBS
ST. PIUS X CATHOLIC CHURCH
4880 Bristol Avenue
Klamath Falls, OR 97603
(541) 884-4242
stpiousyouth@piusxkf.com

FAMILY INFORMATION

Family Last Name _____
Mother's Name _____ Father's Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

CHILD #1 INFORMATION

Name _____ Grade 2019-20 _____

Medical information/Food Allergies

CHILD #2 INFORMATION

Name _____ Grade 2019-20 _____

Medical information/Food Allergies

CHILD #3 INFORMATION

Name _____ Grade 2019-20 _____

Medical information/Food Allergies

Faith Formation

Pre School through 12th grade

Medical Information

To be completed by parent/guardian of minor

Child _____
Father/Guardian _____ Phone _____
Mother/Guardian _____ Phone _____
Emergency Contact if different than above _____
_____ Phone _____

Allergies, disabilities, illnesses, or specific needs you would like us to be aware of:

The information on this form is confidential. We are asking so that we can better ensure the safety and quality of the program for your child. Thank you.

Please contact Charles Catterall at 882-7593 if you have any questions or concerns.

Liability Release

I do hereby waive, release, absolve, indemnify, and agree to hold harmless St. Pius X Catholic Church, the Baker Diocese of Oregon, the organizers, supervisors, and participants from any claim arising out of an injury to my child during activity during faith formation. Although slight, I do understand the assumed risk in participating in said activity.

Signature _____

Date _____

PICTURE AUTHORIZATION FORM

St Pius X Roman Catholic Church
4880 Bristol Ave, Klamath Falls, OR 97603

Throughout the year we enjoy taking pictures at our various events. There are times these pictures will be used in our bulletin or news releases in the paper. Please be aware that our bulletins are also posted on our website each week which means if a picture appears in our bulletin, it will be available online. Names of children will not be included with the photos to protect their identity. With few exceptions only group photos will be used. Individual pictures of children will only be used with permission from the parent.

Child's Name: _____

I give my permission for my child's picture to be printed in the church bulletin and/or news releases for the parish.

Parent Signature

I do not give my permission for my child's picture to be printed in the church bulletin and/or news releases for the parish.

Parent Signature