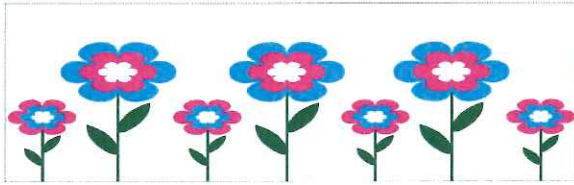


# Bloom Registration



**DATE: JULY 24-27      TIME 5:30-7:30 PM**  
**LOCATION: St. Joseph, Sylvania West Campus**  
**5411 S. MAIN STREET**  
**SYLVANIA, OH 43560**

*Learn the importance of caring for God's Creation!*

✂ .....

**Mail or Drop off this form to:**

**St. Joseph Parish- OYCF**

**Attn: Bloom Coordinator**

**5411 S. Main Street**

**Sylvania, OH 43560**

*All snacks will be low allergy risk foods. If your child has allergies call the office for a snack schedule. 419-885-2181.*

**Please sign up to help with snacks on the parish website**

Child's Name: \_\_\_\_\_ age 4 5 6 7

Child's Name: \_\_\_\_\_ age 4 5 6 7

Child's Name: \_\_\_\_\_ age 4 5 6 7

Parent Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email \_\_\_\_\_

Registration fee per child .....\$13.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

I have enclosed a check in the amount of..... TOTAL \$ \_\_\_\_\_

*Spaces are limited!*

**Please note that this program does not count as required religious education.**

*Registration forms will be accepted until June 13, 2017 or until we are full. Payment is due at the time of registration.*

MEDICAL AND PHOTO/VIDEO RELEASE

Parent email address \_\_\_\_\_

1. Medical/Emergency Information

Child's Last Name	First Name	Grade 2017-2018	Allergies (Food/Drugs) / Other Conditions

2. Local Emergency Contact (Other than immediate family)

Name	Relationship to child(ren)	Phone Number

3. Emergency Medical Treatment

As parent/legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which – in the opinion of the attending physician – may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to contact me.

\_\_\_\_\_  
(Parent's Signature) (Date)

4. **Photo Permission:** During the program, we sometimes take photographs or video events of classroom activities, special projects, grade level events, etc. These images are used for the sole purpose of visually enhancing our parish bulletin, website, displays at parish events, annual reports, and occasionally in local or diocesan newspapers. Please note that no information (name, grade level, etc.) would be published – only images of your children participating in a St. Joe's-sponsored activity or event.

Please Check One:  Yes, I do  No, I do not

...give permission for my child(ren)'s photos to be used in the above situations.

\_\_\_\_\_  
(Parent's Signature) (Date)

5. **Special Needs/Comments:** (This information will be treated confidentially)

By becoming aware of the special situations which affect the children, we are better able to respond to their individual needs. We are aware that as parents, we sometimes hesitate to share certain things about our children. However, we encourage you to consider how valuable these insights will be in fostering understanding, compassion and patience. Please check one (and list information on reverse side of this page).

There are no special needs/comments for my child(ren)

There are special needs/comments for my child (details listed on back)