

Vacation Bible School

Registration and Volunteer Form

Please complete this form to register your child and/or volunteer for Vacation Bible School. This program will run from 6:30 p.m. to 8:30 p.m. Monday, July 24th – Thursday, July 27th. Thursday night will include mass and a family fun night. This program will take place in the school gym and outdoors on school grounds.

Return this form by **June 25th, 2017** in an envelope marked Vacation Bible School in the collection basket or in the rectory mail slot. If you have any questions, please call/text either Katie Pung at 517-230-0844 or Kim Keilen at 517-930-0721.

Registration:

Please include a registration fee of \$15.00 per child with the form. If finances are a concern, contact Katie or Kim. Please complete the front and back of this form and indicate the child's category.

Age Group (AG): Open to Preschool-6th grade class of 2017

PS = Pre-school (For children who will be 4 years old by July 1st.)

DK=Those who attended Developmental Kindergarten this past school year.

K=Those who attended Kindergarten this year.

1st, 2nd, 3rd, etc..for the grade completed this past spring.

Shirt Size: Choose Child or Adult (S,M,L,XL)

Child's Name: _____ AG: _____ Birth Date: _____ Shirt: _____

Child's Name: _____ AG: _____ Birth Date: _____ Shirt: _____

Child's Name: _____ AG: _____ Birth Date: _____ Shirt: _____

Parent's Name: _____ Phone: _____

Address: _____

*****If your child has any medical conditions we should be aware of, or food or medication allergies, please list. This is very important because we will be providing snacks and drinks throughout the program.**

For Office Use Only:

Amt due: _____ **Amt Paid:** _____ **Check #:** _____ **Cash:** _____ **Date:** _____

MEDICAL EMERGENCY RELEASE FORM

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Medical Insurance Co.: _____ Policy #: _____

Doctor: _____ Phone: _____

Hospital Preference: _____

Primary Emergency Contacts: In an emergency situation, all attempts will be made to contact one of the persons below as soon as possible:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If the Religious Education Staff is unable to reach any of these people, I give my permission for a member of the staff to sign for emergency treatment.

Parent/Guardian Signature: _____ Date: _____

***** We are in need of teen and adult volunteers to help throughout the week. Please list names and preferences below. You can also sign up at <http://www.signupgenius.com/go/10c0448abab2daaf58-vacation1>**

Name: _____ Phone: _____ Nights Available _____
Please circle: Teen Adult

Name: _____ Phone: _____ Nights Available _____
Please circle: Teen Adult

Name: _____ Phone: _____ Nights Available _____
Please circle: Teen Adult

Please sign below for a Photo Release that gives VBS staff permission to take pictures of your child/children during Vacation Bible School.

Parent/Guardian Signature: _____ Date: _____