



2018 VACATION BIBLE SCHOOL

Vacation Bible School will be held the week of July 9th – July 13th from 9:15 a.m. to 12:15 p.m. and is open to children entering Kindergarten through rising 5th graders. Attending Vacation Bible School gives your child a great opportunity to grow with his/her parish community and make new friends in the process.

Sign up for VBS by completing the registration form below and the permission form on the back of this page. Completed forms may be dropped off or mailed to the Religious Education Office, 591 Flint River Road, Jonesboro, GA 30238, or placed in the offertory basket (in an envelope) at any Mass. **The cost is a \$20 registration fee per child.** *Snacks will be provided.*

Registration Form

Name: _____ (M/F) Date of Birth _____ Age: ____ Grade in Fall 2017: _____

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Name: _____ (M/F) Date of Birth _____ Age: ____ Grade in Fall 2017: _____

Parent Name(s): _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____ Cell Phone _____

Emergency Contact: _____

	Name	Phone
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Volunteer Request: (Please fill in the following information)

Name: _____ Email: _____ Phone: _____

I am available to help on (Circle): Monday Tuesday Wednesday Thursday Friday All

I would like to help as a: (please check)

_____ Crew Leader – lead your group of 5 children to each location daily; reinforce what was learned at each station

_____ Station Leader – lead or work with a group in one of the following areas:

Bible Story Station Kid-Vid Cinema Games Refreshments Imagination Station Nursery

Donations Request: (Please bring by Monday, 7/9)

I can bring (Circle): Pretzels Oranges Zip lock sandwich bags

Ice Cream and/or Toppings Watermelon Juice boxes

(Continued on back)

Permission Form

Child/Children's Name _____

Emergency Contact _____ Phone _____

Is participant in good health and able to participate in all normal activities?

_____ YES _____ NO If no, please indicate limitations below:

Please list allergies or health conditions of which we should be aware: _____

If so, please indicate how the person should be treated and how the Director of the event should dispense any medications: _____

List Operations/Serious Injury:

_____ Date _____

_____ Date _____

Please notify the Director of the event if this person is exposed to any communicable disease during the three weeks prior to attendance.

In signing this application, I hereby certify that the above information is correct and I grant permission to photograph my children and for the release of medical records to an attending physician in case of illness. In case of a medical emergency, I understand that every effort will be made to contact the parents or guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director of the event to hospitalize, secure treatment for, and to order infection, anesthesia for surgery for the participant as named herein.

Signature of Parent or Guardian

Date

Health Insurance Company

Policy Number

Physician's Name

Phone Number