



**St. Joseph & Nativity Parishes Vacation Bible School 2017**

June 26-30th 9:00 a.m.—12:00 noon

VBS is for children entering Pre-K (Age 4) thru Grade 5

**REGISTRATION DEADLINE: WEDNESDAY, MAY 31, 2017**

*We only have space for 120 campers!*

Family Last Name \_\_\_\_\_

1. Child's First Name \_\_\_\_\_ Grade in fall 2017 \_\_\_\_\_ T-Shirt size \_\_\_\_\_

2. Child's First Name \_\_\_\_\_ Grade in fall 2017 \_\_\_\_\_ T-Shirt size \_\_\_\_\_

3. Child's First Name \_\_\_\_\_ Grade in fall 2017 \_\_\_\_\_ T-Shirt size \_\_\_\_\_

*[T-shirt sizes: ch-small; ch-med; ch-lrg; ad-small; ad-med; ad-lrg; ad-XXlrg; ad-XXXlrg]*

Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

(Email is our primary means of communication. Please provide an accurate email address and check it often)

We are registered at (circle one): St. Joseph Parish Nativity Parish Other \_\_\_\_\_

(This information will be used if a waitig list needs to be created)

Allergies/Medical/Special Considerations \_\_\_\_\_

**Knowing that Vacation Bible School involves both indoor and outdoor activities,**

**I give my permission for my child/children to participate in VBS 2017.**

**Parent Signature \_\_\_\_\_**

**Please sign the Emergency Contact, Treatment and Photo Consents on page 2**

Fees: \$30.00 per child; \$\_\_\_\_\_ **Please make checks payable to "St. Joseph Parish".**

Return this form and payment by May 31st, to: St. Joseph Parish Office

Please read the "Fast FAQs for Parents" on our website at [www.stjosephamherst.com/vbs](http://www.stjosephamherst.com/vbs). If you have questions, contact Carol Wallington, Director of Religious Education, at 440-988-2848, ext. 242 or [dre@stjosephamherst.com](mailto:dre@stjosephamherst.com).

## Emergency Contact Information

If your child is not feeling well, please do not bring them to VBS. If your child becomes ill during VBS, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you at the phone numbers you provided on the front of this form, please provide contact information for two additional individuals we may contact to pick up your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Volunteer Information (Teen volunteers should use the Teen Volunteer Application available on at:  
[www.stjosephamherst.com/confirmation](http://www.stjosephamherst.com/confirmation))

) Volunteer Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_ (Email is our primary means of communication. Please provide an accurate email address)

**THIS ONLY APPLIES TO OUR STATION LEADERS (SNACKS, CRAFTS, ETC) NOT NEEDED FOR OTHER VOLUNTEER ROLES!**

Volunteers over the age of 18 must have attended the VIRTUS Training Program for the Safety and Protection of God's Children. Are you VIRTUS certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Because I can help all week, this is where I prefer to help: Station Leader \_\_\_\_\_ Group Helper \_\_\_\_\_ Snacks \_\_\_\_\_  
Recreation \_\_\_\_\_ Crafts \_\_\_\_\_ Bible Stories \_\_\_\_\_ Photography \_\_\_\_\_ Opening/Closing \_\_\_\_\_

I can only help at these days and times: \_\_\_\_\_

I can help with constructing the set and making props in advance of VBS: \_\_\_\_\_

Consent for Emergency Treatment In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Primary  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Photo Release I understand that photos may be taken of my child/children during VBS. I hereby give St. Joseph Parish permission to publish photographs taken of my child/children, for use in St. Joseph printed publications and website. I release St. Joseph Parish from any expectation of confidentiality for my child/children, and attest that I am the parent or legal guardian of the child/children on the registration form, and that I have the authority to authorize St. Joseph Parish to use their photographs and names. \_\_\_\_\_ No, I do NOT want photos of my child used by St. Joseph Parish.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_