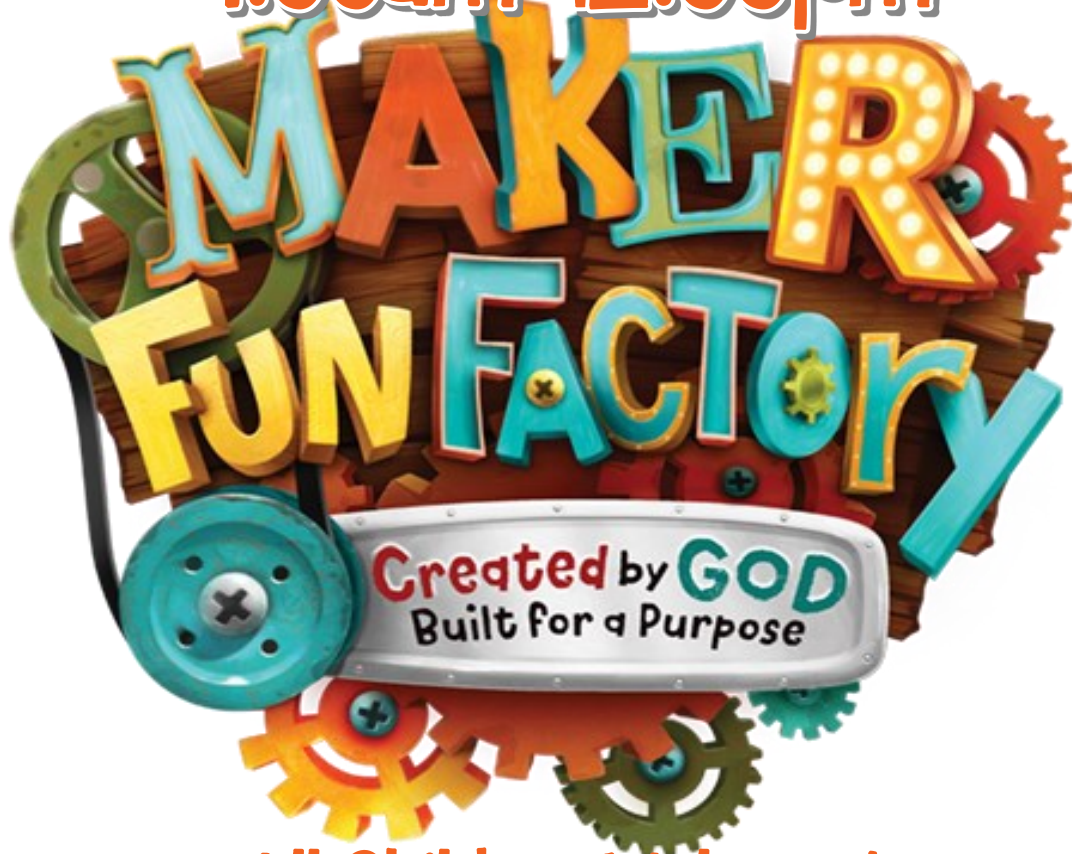


2017 St. Anthony de Padua Vacation Bible School

June 19-23, 2017

9:00am-12:00pm



All Children Welcome!

(parishioners and non-parishioners)

Age Requirements: Minimum 4 years (potty trained)
through 5th grade.

(going into 6th grade in the fall)

Registration Fees (Per family)

1 Child	\$40.00
2 Children	\$65.00
3 Children or more	\$95.00



WITH QUESTIONS ABOUT REGISTERING OR VOLUNTEERING PLEASE CONTACT SONYA
AT 824-1743 OR EMAIL AT SONYAS@STANTHONYDEPADUA.ORG



St. Anthony de Padua 2017 Vacation Bible School Registration Form

SPACE IS LIMITED! ONCE OUR CAPACITY OF STUDENTS IS REACHED WE WILL NO LONGER BE ACCEPTING REGISTRATIONS. REGISTRATION FORMS ARE DUE NO LATER THAN MONDAY, JUNE 5TH AT THE PARISH OFFICE BY 4:30PM. AFTER JUNE 5TH THERE WILL BE A \$15 LATE FEE FOR ALL REGISTRATIONS. IN ORDER TO RECEIVE A VBS SHIRT THIS FORM MUST BE TURNED IN NO LATER THAN JUNE 5TH.

AGE REQUIREMENTS: CHILDREN MUST BE 4 YEARS (POTTY TRAINED) THROUGH STUDENTS IN THE 5TH GRADE GOING INTO THE 6TH GRADE IN THE FALL.

FEEES: 1 CHILD \$40.00 - 2 CHILDREN \$65.00(SIBLINGS) - 3 OR MORE CHILDREN \$95.00(SIBLINGS)

MOTHER/GUARDIAN: _____ CELL NUMBER: _____
FATHER/GUARDIAN: _____ CELL NUMBER: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS(ES): _____
EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT CELL: _____
HOME PARISH: _____

CHILD'S NAME: _____ NICKNAME: _____ AGE: _____
FOOD ALLERGIES/ACTIVITY RESTRICTIONS: _____
NAME OF A SPECIAL FRIEND YOUR CHILD MIGHT LIKE TO BE WITH: _____
PLEASE CIRCLE A T-SHIRT SIZE: YOUTH SIZES: S M L XL ADULT SIZES: S M L XL

CHILD'S NAME: _____ NICKNAME: _____ AGE: _____
FOOD ALLERGIES/ACTIVITY RESTRICTIONS: _____
NAME OF A SPECIAL FRIEND YOUR CHILD MIGHT LIKE TO BE WITH: _____
PLEASE CIRCLE A T-SHIRT SIZE: YOUTH SIZES: S M L XL ADULT SIZES: S M L XL

CHILD'S NAME: _____ NICKNAME: _____ AGE: _____
FOOD ALLERGIES/ACTIVITY RESTRICTIONS: _____
NAME OF A SPECIAL FRIEND YOUR CHILD MIGHT LIKE TO BE WITH: _____
PLEASE CIRCLE A T-SHIRT SIZE: YOUTH SIZES: S M L XL ADULT SIZES: S M L XL

CHILD'S NAME: _____ NICKNAME: _____ AGE: _____
FOOD ALLERGIES/ACTIVITY RESTRICTIONS: _____
NAME OF A SPECIAL FRIEND YOUR CHILD MIGHT LIKE TO BE WITH: _____
PLEASE CIRCLE A T-SHIRT SIZE: YOUTH SIZES: S M L XL ADULT SIZES: S M L XL

PLEASE FILL OUT BACK PART

Registration Form Continued



♦ **ADULT VOLUNTEERS- VBS IS IN NEED OF ADULT HELPERS!**

____I WOULD LIKE TO VOLUNTEER. (PLEASE COMPLETE THE ADULT VOLUNTEER FORM.)

____I WILL NOT BE ABLE TO VOLUNTEER THIS YEAR

♦ **DONATIONS- VBS IS IN NEED OF DONATIONS FOR (FOOD, T-SHIRTS, SUPPLIES, ETC.)**

____I WOULD LIKE TO MAKE A MONETARY OR FOOD/SUPPLIES DONATION

____I AM NOT BE ABLE TO MAKE A DONATION

CODE OF CONDUCT FOR VACATION BIBLE SCHOOL

I agree to:

1. Your child must be brought into the banquet hall for VBS no later than 9:00a.m. It is your responsibility to "check in" your child each morning with his/her group leader. You must have reliable transportation for your child and your child must be picked up at the church banquet hall no later than 12:15p.m. You must also "check -out" your child--please do not just leave with your child until you have let an adult or a teen volunteer know that you are leaving.

2. If your child exhibits unacceptable behavior while at Vacation Bible School, you may be called and asked to pick them up. Your child may be asked not to return for the remainder of VBS.

3. Vacation Bible School will be full of activities, games, and a lot of fun! For that reason other belongings such as video games, toys, hair supplies, etc., should be left at home. St. Anthony is not responsible for items that are lost or stolen.

4. If your child owns a cell phone we do request they not bring it to Vacation Bible School. Your child will have access to a phone to call you if they need to, but they do not need to have a cell phone during VBS.

_____ I agree to the code of conduct

LIABILITY WAIVER

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child the in activities and events involved in Vacation Bible School at St. Anthony de Padua. Further, I certify that my child is physically fit and adequately trained to participate in such events. I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a appropriate medical personnel and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that St. Anthony de Padua will not be responsible for medical expenses incurred solely on the basis of this authorization.

Parent /Guardian Name (print) _____

Signature of Parent/Guardian _____ Date ____/____/____

For Office Use Only

Total Amount. Due: _____ Amount. Paid: _____ Chk#: _____ or Cash _____

Received By: _____ Date: _____