

Catholic Community of Owosso Vacation Bible School 2018

ROLLING RIVER RAMPAGE'



VBS Sessions are Monday, June 18th through Thursday, June 21st

Monday - Thursday time is 9:00-12:00 pm

Thursday Lunch "Family Time" 11:00 - 12:00 pm

Participant (4 years through 5th Grade) \$10.00 per participant

NO CHARGE FOR VOLUNTEERS

To ensure that enough materials are ordered for every participant DON'T DELAY REGISTERING!

REGISTRATION FEE \$10.00 - LATE REGISTRATION FEE RECEIVED AFTER MAY 13th \$15.00 PER CHILD

Name _____ Gender _____ Birth Date _____

_____ Grade in 2018-19 Allergies or Other Medical Conditions _____

Name _____ Gender _____ Birth Date _____

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Name _____ Gender _____ Birth Date _____

_____ Grade in 2018-19 Allergies or Other Medical Conditions _____

Name _____ Gender _____ Birth Date _____

_____ Grade in 2018-19 Allergies or Other Medical Conditions _____

PARENT(S) NAME _____

Address _____ Email _____

Phone Number(s) where you can be reached during VBS _____

In case of emergency, when a parent cannot be reached, contact:

_____ Contact # _____

_____ Contact # _____

VOLUNTEERS NEEDED!

NO FEE for volunteers.

*Two volunteers will be placed with a group of 4-5 participants. Your role will be to guide your group each day to their assigned activity and help them at that activity.

*Some adult volunteers will be placed with a group of 4-5 participants or helping at a station.

*This is a great way for students to acquire service hours for school or confirmation.

*Registration form needed for all volunteers.

*If you are 18yrs or older-you must have taken the Virtues program. See Mrs. Hardenbergh for details.

STUDENT

Name _____

Phone No. _____

Days Volunteering-circle all those that apply

Monday Tuesday Wednesday Thursday

ADULT

Name _____

Phone No. _____

Days Volunteering-circle all those that apply

Monday Tuesday Wednesday Thursday

****OVER****

PERMISSION STATEMENT

Medical Release: I give my permission for VBS staff to administer basic first aid to my child(ren) (name on this form) in the event of an injury. In the event of an emergency, if I or the contact person named above cannot be reached, I authorized the VBS staff to obtain the necessary medical treatment and/or services. If I cannot be reached in the event of an emergency the contact person(s) listed is authorized to act on my behalf. I understand I am responsible for all expenses for emergency services.

Health Insurance Data

Company _____ Policy _____ Group _____ Contract _____

Photo Release: I hereby GRANT DO NOT GRANT the listed named church's permission to copyright and use photographs or video in online communications including the parish website/parish social-networking sites, for information or promotional purposes.

Permission to Attend: I give permission for my child(ren) (named on this form) to attend the Vacation Bible School listed. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the site by December 31 of this year.

Parent Signature _____ Date _____

RELEASE INFORMATION

You have my permission to release the child(ren) (named on this form) to those authorized adults listed below.

Authorized Adult & Phone # _____

Authorized Adult & Phone # _____

Authorized Adult & Phone # _____

PARENTS NAME & PHONE # _____

Parent Signature _____ Date _____

FEE RECEIVED

Make Checks payable to St. Joseph Religious Education

FEE- \$10.00 per child _____ X \$10.00= _____

CD- \$5.00 per CD _____ X \$5.00= _____

TOTAL FEE SUBMITTED: \$ _____