

# Registration Form

- COOL CRAFTS
- FUN GAMES
- UPBEAT MUSIC
- EXCITING ACTIVITIES
- CREATIVE SKITS
- BIBLE STORIES



**GOD IS YOUR PILOT**



Check in with St. Catherine,  
pick-up your flightplan  
and meet your Co-Pilot:  
Your very own Guardian Angel!

**DATES: June 28<sup>th</sup> - July 1<sup>st</sup> TIME: 8:30-11:30**

**LOCATION: St Francis Church and Fr. Greenan Hall**

**NEW AND EXCITING CATHOLIC KIDZ CAMP/VBS**

**FROM GROWING WITH THE SAINTS!**



**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**For children in grades K-4<sup>th</sup>  
2021-2022**



Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Would you like to help with VBS? T \_\_\_ W \_\_\_ Th \_\_\_ Fri \_\_\_

Registration fee per child..... \$40.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Make check payable to: St Francis Church

I have enclosed a check in the amount of..... TOTAL \$ \_\_\_\_\_

**You may place this form in the collection basket or mail it to 114 High Street or bring to the Faith Formation Office or the Rectory.**

*Please complete the back: EMERGENCY contact info and signature.*



Allergies and or medical conditions?

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

