

# St. Alphonsus / St. Joseph Parish 2019 Vacation Bible School

"Caring for Creation"



Vacation Bible School

**Where:** St. Alphonsus Church Hall, 1322 Settlement Rd, Norwalk, OH 44857

**When:** Monday – Friday, June 17-21, 2019

**Time:** 9:00a.m. - 11:30 a.m. (Friday Mass at 11am with family lunch to follow)

**Who:** Students: Ages 3(& potty trained) - Entering 4th grade

**Cost:** FREE 😊

**\*\*\*Please return form by Sunday, June 2nd.**

You can drop your form(s) in the collection plate at mass, turn them in at St. Joseph School, or you can contact Kari Pisano at 419-706-6191 (text or call), or email [kpisano@monroevilleschools.org](mailto:kpisano@monroevilleschools.org).

We're looking forward to another great year!

The VBS Team

CUT HERE

## St. Alphonsus/St. Joseph Church VACATION BIBLE SCHOOL STUDENT REGISTRATION

Child \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

\*Shirt sizes available (Note: run small & tend to shrink) Youth: YS (6-8), YM (10-12), YL (14-16) Adult: Small, Medium, Large

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Congregation (if any): \_\_\_\_\_

**\*\*IF YOUR CHILD NEEDS AN EPIPEN OR MEDICATION FOR AN ALLERGIC REACTION WE ARE REQUIRED TO HAVE IT ON SITE ALONG WITH INSTRUCTIONS IN CASE OF AN EMERGENCY\*\***

Please list all allergies, reactions associated and steps taken if a reaction occurs (please include medical and food):

\_\_\_\_\_

Please list any other special needs VBS staff may need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Please list ALL people who are authorized to pick up your child, including older siblings who may drive. If the person who comes to pick up your child is not on the list, we will not be able to release your child to them. Please provide their contact information and cell phone if available. Add additional people to the bottom if more space is needed.

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

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

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

In case of emergency (when parent/guardian cannot be reached) please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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 case of sickness or 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 do hereby release and forever discharge this Diocese, and Parish 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 activities and promotion or for future advertisement of Parish VBS programs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Yes! We plan to attend the family lunch after Mass on Friday. \_\_\_\_\_ number attending

\_\_\_\_ No, we cannot make the lunch.