

St.Paul's Vacation Bible School Registration



June 24 - 28

8:30 - 11:30 am

\$40/1st Child

\$65/2 siblings

\$90/family

Elementary VBS Ages: 5 - 10

(Elementary children must have completed K - 3rd grades)

Preschool VBS Ages: 3 - 5

(Preschool children must have completed 3 or 4 yr preschool or TK)

** Space is limited **

Registration Deadline is May 12

If space is still available after May 12 late registrations will be subject to additional fees and t-shirts may not be guaranteed



VBS Needs YOU!! Many Volunteer Opportunities Exist!!

Adult volunteer hours count towards the St. Paul Home & School hour requirement
Student hours count for service learning, service hours, & National Honor Society requirements

There are volunteer opportunities to fit everyone's schedule.

For Volunteer information please contact Jen Brooke: Davstpauldre@diodav.org

Volunteers must be Virtus compliant

Adult Volunteer
(18 and up)

Teen Volunteer
(entering 8th-12th grade, Must complete teen volunteer application)

Youth Volunteer
(entering 4-7th grade, parent must also be volunteering)

Adult volunteers must be VIRTUS compliant by June 17, 2019

VBS Registration Form

Child's Name	Age	Last Grade Completed	Shirt Size		Allergies

I/we would like to volunteer:

Volunteer Name	Email or cell/text #	Age/Grade (if under 18)	Shirt Size		New Volunteer	Virtus Trained?
					Y N	Y N
					Y N	Y N
					Y N	Y N

Shirt Sizes available (YXS, YS, YM, YL, YXL AS, AM, AL, XL 2X)

shirts are drifit and run true to size, Additional charge

Volunteers 18 and over who have not had Virtus training will need to complete before VBS begins

Parent Name: _____

Cell: _____ other: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Would you like to preorder a music CD @ \$7? Yes No Number of CD's _____ @ \$ _____

Would you like to make a monetary donation?

For: VBS sponsorship St. Francis of Haiti Partnership Supplies Amount of donation \$ _____

Family/child Registration fee total: \$ _____

Total Amount Due _____ **Cash/Check #** _____

PHOTO RELEASE: By signing this form, I hereby grant permission for my child/ren listed on this form, to be included in pictures, promotional material, and publications connected with Vacation Bible School at St. Paul the Apostle Parish. My child's picture may appear in publications and promotional materials, such as, but not limited to, as follows: Church Newsletter, Bulletins, PowerPoint Presentations, parish website, parish brochures, and flyers.

MEDICAL RELEASE: I attest that the above named child/children is/are in good physical condition. Should any accident or illness occur during any Children's Ministry activity, I will not hold St. Paul the Apostle Parish or its directors responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The above named child/children may receive necessary first aid. He/she may receive medical attention by any duly licensed physician, and may be admitted into a hospital in case of emergency.

By signing your name in the signature line and placing a check in the box you have read and understand the releases.

I agree

Parent Signature _____ Date: _____

Requesting Scholarship Aid: Yes No (If Yes) -In the Amount of \$ _____ & point of contact : _____