



St. Joseph Parish Vacation Bible School 2019

June 17-21 9:00 a.m.—12:00 noon on parish grounds

VBS is for children entering Kindergarten thru Grade 5

REGISTRATION DEADLINE: TUESDAY, MAY 28, 2019

We only have space for 80 campers!

Family Last Name _____

1. Child's First Name _____ Grade in fall 2019 _____ T-Shirt size _____

2. Child's First Name _____ Grade in fall 2019 _____ T-Shirt size _____

3. Child's First Name _____ Grade in fall 2019 _____ T-Shirt size _____

[T-shirt sizes: ch-small; ch-med; ch-lrg; ad-small; ad-med; ad-lrg; ad-Xlrg; ad-2Xlrg; ad-3Xlrg]

Parent's Name _____

Street Address _____ City/Zip _____

Primary Phone _____ Alternate Phone _____

Email _____

(Email is our primary means of communication. Please provide an accurate email address and check it often)

We are registered at (circle one): St. Joseph Parish St. John Parish Other _____

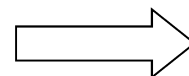
(This information will be used if a waiting list needs to be created)

Allergies/Medical/Special Considerations _____

**Knowing that Vacation Bible School involves both indoor and outdoor activities,
I give my permission for my child/children to participate in VBS 2019.**

Parent Signature _____

Please sign the Emergency Contact, Treatment and Photo Consents on page 2



Fees: \$50.00 for one child; \$95.00 for two children; \$135.00 for three children \$ _____

(All payments are final. No refunds will be given)

Please make checks payable to "St. Joseph Parish".

Return this form and payment by May 28th, to: St. Joseph Faith Formation Office

12700 Pearl Road

Strongsville OH 44136

Please read the "Fast FAQs for Parents" on our website at www.sjohio.org/vbs. If you have questions, contact Linda Zvoncheck, Director of Faith Formation, at 440-238-5555, ext. 107. or lzvoncheck@sjohio.org.

For Office use only:

Reg. No. _____ Date _____ Check No. _____ Amount _____ No. of Children _____

Emergency Contact Information

If your child is not feeling well, please do not bring them to VBS. If your child becomes ill during VBS, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you at the phone numbers you provided on the front of this form, please provide contact information for two additional individuals we may contact to pick up your child.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Consent for Emergency Treatment

In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature _____ Date _____

Primary Phone _____ Alternate Phone _____

Photo Release

I understand that photos may be taken of my child/children during VBS. I hereby give St. Joseph Parish permission to publish photographs taken of my child/children, for use in St. Joseph printed publications and website. I release St. Joseph Parish from any expectation of confidentiality for my child/children, and attest that I am the parent or legal guardian of the child/children on the registration form, and that I have the authority to authorize St. Joseph Parish to use their photographs and names.

Parent/Guardian Signature _____ Date _____

_____ No, I do NOT want photos of my child used by St. Joseph Parish.

Volunteer Information

We are in need of adult, high school-aged and middle school-aged volunteers for VBS. Please go to the Parish website at www.sjohio.org/vbs to access the link to sign up online. All volunteers aged 18 and older must be Virtus Certified. If you need more information on this, contact the Faith Formation Office at 440-238-5555, ext. 107.