



St. Francis of Assisi Catholic Church
Vacation Bible School
EXPLORING THE MIGHTY LOVE OF GOD

Monday July 19 – Friday July 23
9 am – Noon

STUDENT AGES: PRE-SCHOOL – 3 & 4 yr. olds, and K. – 5TH Gr.

Cost: \$35.00 PER child or \$85.00 per family with 3 + children
Tuition assistance available for families in need - PLEASE SEE Helen.

Registration Deadline: **JULY 5**

Child's Name – (Nickname)

Age/Gr. in fall of 2010

Child's Name – (Nickname)

Age/Gr. in fall of 2010

Child's Name – (Nickname)

Age/Gr. in fall of 2010

Child's Name – (Nickname)

Age/Gr. in fall of 2010

Parent's Name: _____

Address: _____

Phone: _____ Cell: _____

Emergency Contact Name

Phone

Food, other Allergies, or other needs

ANYTHING ABOUT YOUR CHILD/FAMILY WE NEED TO BE AWARE OF?

(Please see back)

ADULTS: I will help in an Activity Room:

Bible Stories _____ Child Care - (6 mo.-2 yrs. provided for volunteers ONLY) _____
Crafts _____ Games _____ Music _____ Opening Skit _____
Snacks _____ Video Room _____

Youth 6th Gr. and Up: I will help: Buddy leader _____
Child Care (6 mo.-2 yrs.) _____ Opening skit _____

Adult/Youth: I will help:

Set-up/decorate _____ Help with Thursday Picnic _____ Clean-up on Friday _____

Other ways I can help _____

PERMISSION TO PARTICIPATE

In consideration of the benefits of participating in this event, we voluntarily release and agree to protect, indemnify and hold harmless St. Francis of Assisi Catholic Church and the Archdiocese of Denver including their staff and designated volunteer supervisors from any and all cost, claims, damages, or expenses arising out of participation in this event. It is understood and agreed that medical expenses related to sickness or injury of the minor are not covered by our parish's insurance program.

I hereby authorize and appoint the designated supervisor(s) to authorize any medical treatment, including surgery, which may be needed during the course of the above activity, and to admit such minor to any hospital or medical office as needed. Parental or guardian permission will be obtained by phone where time and conditions permit.

If you would like your child to participate in this event, please complete, sign and return this statement of consent and release of liability. As a parent or legal guardian you remain fully responsible for any legal responsibilities that may result from personal actions taken by said minor.

I consent to participation by my child in the event described above.

Parent/Guardian Signature

Date

Office Information:

Registration Fee: _____ Tuition Assistance: _____

Donation: _____ Amount Paid: _____
Cash or Check # _____