



Monumental VBS at SFdA Parish

Vacation Bible School 2022
Children's Program - Grades K-5th
Monday, June 20 – Friday, June 24, 2022
9:00 am - Noon Cost: \$50 per Student

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**What does a day at VBS (K-5<sup>th</sup> Grade) include?**

★Games ★Snacks ★Music ★Prayer ★Crafts ★Sports ★Imagination ★Friendships ★FUN★  
 Discovering the monumental GREATNESS of God!

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VBS Registration Form

Student(s) Name	Grade(s)	T- Shirt Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents Name _____ Cell Phone # _____

Home Phone # _____ E-mail: _____

Are there any Medical or Learning Issues you would like us to be aware of?

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***\*Please complete the reverse side of this form\* ⇨⇨⇨⇨***

## ***VBS Needs YOU!***

Volunteering at **VBS** will bless us, your children and YOU! If you or a teen you know are able to be a part of the fun this year, please mark the box or boxes that apply. If you have any questions about being a volunteer please contact Cathy Carlsen at [ccarlsen@sfdaparish.org](mailto:ccarlsen@sfdaparish.org) or call 779-1341.



Yes! I am interested in Volunteering (Adult) for VBS!

Name & Contact Info: \_\_\_\_\_

Yes! I know a **TEEN** that is interested in helping with VBS! ~Teen name & contact info: \_\_\_\_\_

\*For more information for Teen Volunteers program contact Katherine at [kbuckley@sfdaparish.org](mailto:kbuckley@sfdaparish.org).

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| Payment Information<br>\$50/child x _____ = \$ _____<br>*\$100 family max payment*<br>Fees Waived for <b>Parent</b> Volunteer<br>Date Paid _____<br>Check # _____ Cash _____<br>Receipt # _____ |
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## ***General Consent Form***

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ AZ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_ Office Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Card/Group Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact phone number if parents cannot be reached \_\_\_\_\_

### ***Special medications, illnesses or conditions we should know about:***

\_\_\_\_\_  
\_\_\_\_\_

### **Medical Release**

I request that the above named participant be allowed to attend VBS at San Francisco de Asís Parish in Flagstaff, AZ. In the event of an illness, I request that the designated volunteer or coordinator obtain medical treatment on my behalf for my student if I or the emergency contact number cannot be reached. I understand reasonable precautions will be taken to safeguard the health and well being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold ***San Francisco de Asís Parish***, the Diocese of Phoenix, the coordinators or any volunteers responsible for accident or injury.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Father or Legal Guardian

\_\_\_\_\_  
Mother or Legal Guardian