



St. Paul the Apostle Church

VACATION BIBLE SCHOOL

Getting To Know Jesus As Our Friend

Tuesday—Thursday, August 2-4

Children entering Kindergarten-3rd grade are invited to participate in St. Paul the Apostle Vacation Bible School on Tuesday through Thursday, August 2-4, 2011 from 10 a.m.-3 p.m. The children will gather each morning in the Antioch Room for an enjoyable day of crafts, games, songs, videos and learning. A mid-morning snack and lunch will be provided daily.

Parishioner Fee: \$20 (\$10 for each additional child in the family)

Non-Parishioner Fee: \$35 (\$15 for each additional child in the family)

Please complete the Registration Form (below) and Statement of Consent/Medical Release (on back) and return with payment by Tuesday, July 19 so we have enough time to purchase supplies for all the children.

Questions? Contact Beth Kolenda, Director of Faith Formation/Youth Ministry at bkolendaspa@yahoo.com or 949-4170, ext. 243.

St. Paul Vacation Bible School 2011 Registration Form

Fee \$20: (each additional child in the same family \$10).

Non Parishioner Fee: \$35 (each additional child in the same family \$15).

All materials, a mid-morning snack and lunch will be provided.

Please complete and return Registration Form and Statement of Consent/Medical Release (on back)with payment to the Parish Office by Tuesday, July 19!

Family Name: _____

Mom : _____

Dad: _____

Children Attending VBS:

1. _____ Grade ___ Age ____

2. _____ Grade ___ Age ____

3. _____ Grade ___ Age ____

Home Phone: _____ Cell Phone: _____

Address: _____

Serious Allergies: _____

Payment Enclosed: \$ _____ (Make checks payable to St. Paul the Apostle Church)

STATEMENT OF CONSENT/MEDICAL RELEASE

I hereby consent to participation of my child(ren):

in the St. Paul Vacation Bible School scheduled for August 2-4, 2011.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St. Paul the Apostle Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, and volunteers from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. Paul the Apostle Parish/School to obtain necessary medical treatment for my child in case of illness, injury or accident. **List allergies, medication, contact lenses or other pertinent comments:**

During this event, I can be reached at _____.

I certify that I am the (check one) ___custodial ___parent ___legal guardian of the minor child(ren) named above and I agree to the above terms for myself and for my minor child(ren).

(PRINT PARENT'S NAME)

(PARENT'S SIGNATURE)

(DATE)