



**ST. JUAN DIEGO PARISH
2010 VACATION BIBLE SCHOOL REGISTRATION FORM**

For students entering Kindergarten through entering 5th grade. For those entering 6th grade or higher see our Youth Volunteer Registration form. Child care provided for all volunteers!

VBS will be August 9-13
9:00am to Noon

At St. Pius X Community Center

Please return registration and payment to
St. Juan Diego Parish ~ Bridget Becker
bbecker@stjuandiego.org

Registration Deadline: Sunday, July 11 (Names will be accepted for a waiting list after the 11th)

FAMILY NAME _____ PHONE _____

E-MAIL ADDRESS _____ CHURCH YOU ATTEND _____

ADDRESS _____

MOTHER'S NAME _____ FATHER'S NAME _____

ALTERNATIVE PHONE NUMBER _____

EMERGENCY CONTACT and PHONE # (other than parents) _____

Parent Participation: Without volunteers we cannot run Vacation Bible School! We need your help! It is an exciting and fun way to experience a faith journey with your children. *Child care is available for all volunteers!*

Name(s) of Volunteer: _____

I will help in these areas (please number your top 2 choices):

- _____ Science Committee _____ Skits Committee _____ Decorating Committee _____ Nursery
- _____ Craft Committee _____ Snack Committee _____ Group Leader _____ Flexible
- _____ Games Committee _____ Music Committee _____ Registration/CheckIn

T-shirt size for volunteer: _____ Adult Small _____ Adult Med _____ Adult Large _____ Adult X-large

What days can you volunteer: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Will you need childcare? _____ Yes _____ No If Yes, Name(s) _____ Age(s) _____

Committees may meet 1 or 2 times prior to VBS and via email. Your responsibility may include helping to prepare necessary supplies and help staff that station at least one time during the week.

STUDENT'S NAME _____

Birth Date _____ Entering Grade _____ School _____

Allergies or Medical Concerns: _____ **Current Medications:** _____

T-shirt size: Youth x-small _____ Youth small _____ Youth med _____ Youth large _____
Adult small _____ Adult Med _____ Adult large _____

STUDENT'S NAME _____

Birth Date _____ Entering Grade _____ School _____

Allergies or Medical Concerns: _____ **Current Medications:** _____

T-shirt size: Youth x-small _____ Youth small _____ Youth med _____ Youth large _____
Adult small _____ Adult Med _____ Adult large _____

STUDENT'S NAME _____

Birth Date _____ Entering Grade _____ School _____

Allergies or Medical Concerns: _____ **Current Medications:** _____

T-shirt size: Youth x-small _____ Youth small _____ Youth med _____ Youth large _____
Adult small _____ Adult Med _____ Adult large _____

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I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for the children listed on the front of this form. I also understand and agree that the Archdiocese of Portland assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation

Signature of parent or guardian: _____ Date: _____

Physician's Name: _____ Office Phone: _____

Address: _____

Health Insurance Company: _____ Group or Policy #: _____

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VBS Cost per Student is \$25.00 with a maximum of \$75.00 per family & includes a t-shirt.
Scholarships are available; please contact Bridget at (503) 645-1561
Please make checks payable to: AMT RECEIVED _____
St. Juan Diego Church CHECK NUMBER _____
DATE _____ RECEIVED BY _____

Would you like to donate an extra amount to help another student attend? If yes, what amount? _____

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CODE OF CONDUCT

We are excited to spend time with your children. In order to keep a positive and productive environment at VBS, please discuss with your child the expectations of this learning environment outlined below.

Please remind your child that attending VBS is a privilege. He/She should plan to be attentive, ready to learn and encouraging to others in the group. He/She will be expected to treat the leaders with respect and follow directions. But, most of all he/she should come ready to have lots of FUN and a GREAT time!

Please leave all electronic devices at home (ie: cell phones, ipods and electronic games) Thank you.

It is important that parents, guardians and kids realize that any behavior deemed by the VBS staff to be inappropriate and/or unmanageable may result in any or all of the following:

- Meeting directly with a VBS Team Member to discuss behavior
- Not being allowed to participate in certain activities
- A telephone call to parents/guardian to develop a behavior management plan
- Being dismissed from the program

I understand and have discussed with my child the expectations of behavior at VBS.

Parent/Guardian Signature