



SAINT JOSEPH COMMUNITY VACATION BIBLE SCHOOL

SUNDAY, JULY 30—THURSDAY, AUG 3, 2017

6:00—8:00 PM REGISTRATION FORM DUE 7/23/17

FEES: \$10 per child or \$35 per family.

\$5 per family will be added if registering after July 23, 2017

OFFICE USE ONLY

Name Filed By

Checks payable to **Saint Joseph Vacation Bible School** and mailed to

Saint Joseph VBS
C/O Resurrection Lutheran Church
PO Box 549
Saint Joseph, MN 56374



For More Information

Resurrection Lutheran: Rachel Kuebelbeck rachelkuebelbeck@gmail.com

(leave message with Tracy at 363-4232)

Gateway Church: Pastor Bruce info.gatewaychurch@gmail.com

Church of Saint Joseph: Marian Bach ffdirector@churchstjoseph.org 320-363-7505 ext. 152

Laura Gorder lgeriene@gmail.com

Facebook: St. Joseph Community VBS stjoecommunityvbs@gmail.com

Family Information

Parent(s)/Guardian(s) Name: _____

Full Mailing Address: _____

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

Family Email: _____

Person picking up child(ren): _____

Phone (if not listed above): _____

Worshipping Congregation: _____

Adult Volunteer Opportunities

Station Helper: ___ Games ___ Bible Stories ___ Snacks ___ Craft ___ Music

___ Office Helper ___ Opening/Closing ___ Small Project Helper

Small Group Leader: ___ 4 yr olds ___ 5 yr olds ___ Kind. ___ Grade 1 ___ Grade 2

___ Grade 3 ___ Grades 4,5,6

Participant's Information

Group placements are done by the grade that the student **completed** in spring of 2017.
Please circle the grade your child **completed**, or in the case of preschool, please circle your child's age.

Name of Child _____

Group placement: 4y 5y K 1 2 3 4 5 6
(PLEASE CIRCLE AGE OR COMPLETED GRADE)

T-shirt Size: Youth Sizes: XS (2-4) S (6-8) M (10-12) L (14-16) Adult Sizes: S M L XL
(PLEASE CIRCLE A SHIRT SIZE)

Medical Concerns/Allergies (if any): _____



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Photo Release

I grant permission for all photographs taken of the above listed child(ren) enrolled in Saint Joseph Community Vacation Bible School to be used for crafts, publicity, or advertising for the program.

_____ Yes _____ No

Printed Name: _____ Signature: _____

Emergency Contact

Name: _____ PHONE: _____

Relation to child(ren): _____

In the event of an **emergency**, I give permission for the VBS Coordinators to obtain any medical attention they feel is necessary for my child(ren).

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Payment: Cash _____ Check Number: _____ Date: _____ Balance _____

_____ Registration Verified _____ Received CD _____ Received T-Shirts