

SAINT JOSEPH COMMUNITY VACATION BIBLE SCHOOL

OFFICE USE ONLY

Name Filed By _____

SUNDAY, JULY 29—THURSDAY, AUG 2, 2018

6:00—8:00 PM REGISTRATION FORM DUE 7/22/18

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

\$5 per family will be added if registering after July 22, 2018.

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: Preschool___ 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 2018.

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): _____

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
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Medical Concerns/Allergies (if any): _____



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 Amount: _____	CHECK IN:
Check Number: _____	T-shirts picked up: _____
Cash _____	CD: _____
Balance: _____	NOTES: _____
Date: _____	