

# Vacation Bible School (VBS) 2019 Registration Form

Please print clearly and complete ALL information

<b>MOTHER</b> <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/>	<b>FATHER</b> <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/>
First Name _____	First Name _____
Last Name _____	Last Name _____
Cell # _____ <input type="checkbox"/> YES, send me updates via text to this number	Cell # _____ <input type="checkbox"/> YES, send me updates via text to this number
Email: _____ <input type="checkbox"/> YES, send me updates via email	Email: _____ <input type="checkbox"/> YES, send me updates via email
Primary Residence. Mailing Address + Apt.# + City / Zip Code _____	
Primary Phone Number: _____	Language spoken in home? (check all that apply) English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
CHILD / REN LIVE WITH: BOTH PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER: _____	
Parish Members? (choose one): <input type="checkbox"/> REGISTERED AT CGS <input type="checkbox"/> NOT REGISTERED with in BOUNDARY <input type="checkbox"/> OUT-SIDE BOUNDARY	
<b>EMERGENCY CONTACT if parents cannot be reached in case of an emergency</b>	
Name _____	Relationship to Child(ren) _____ Phone # _____

## CHILDREN ATTENDING VBS 2019

	CHILD 1	CHILD 2	CHILD 3
<b>NAME OF CHILD:</b>	<i>First Name AND Last Name</i>	<i>First Name AND Last Name</i>	<i>First Name AND Last Name</i>
<b>CHILD GOES BY (NICKNAME)</b>			
<b>BIRTH DATE:</b>	<i>Month/ Day/ Year</i>	<i>Month/ Day/ Year</i>	<i>Month/ Day/ Year</i>
<b>SCHOOL GRADE IN SEPTEMBER 2018</b>			
<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>T-shirt Size (circle one per child)</b>	(Youth Size) S M L (Adult Size) S M L XL 2X	(Youth Size) S M L (Adult Size) S M L XL 2X	(Youth Size) S M L (Adult Size) S M L XL 2X
<b>Allergies, Health issues, Special needs</b>			
<b>Symptoms Produced/ explain</b>			

## VOLUNTEER OPPORTUNITIES FOR PARENTS OR GUARDIANS (18 YEARS OR OLDER)

**YES, I WISH TO VOLUNTEER- Your child may be on a wait list without your help!** – There are numerous opportunities to become involved in a meaningful way with the faith formation activities / classes for your children. Please check the areas you would most be interested in helping. You will be contacted. Full time volunteering is considered to stay for the 5 days of session

**Adult Volunteer First & Last Name** \_\_\_\_\_ **Email OR cell #** \_\_\_\_\_

We provide VBS t-shirts for all full time on- site volunteers. If you plan on being full time on-site, please circle: (Adult Size) S M L XL 2X 3X 4X

VBS PreK - 4       VBS 1<sup>ST</sup> – 2<sup>ND</sup> GRADE       VBS 4<sup>TH</sup> GRADE       VBS leader Crafts       VBS leader Crafts   
 VBS Kinder       VBS 3<sup>RD</sup> GRADE       VBS 5<sup>TH</sup> GRADE       VBS leader Story       VBS planning core team

## VOLUNTEER OPPORTUNITIES FOR TEENS

13 THROUGH 17 YEARS OLD (6<sup>th</sup> – 12<sup>th</sup> grade as of September 2018)

**YES, WE NEED YOUR TEENS- We love to have teens with us.** There are numerous opportunities to become involved in a meaningful way. You will be contacted.

<b>1) Teen Volunteer First &amp; Last Name</b> _____ Date of birth _____ Grade 2018-19 _____ Adult T-Shirt Size (Adult Size) S M L XL 2X <input type="checkbox"/> VBS teen helper PreK-4 AND Kinder <input type="checkbox"/> VBS teen helper 1 <sup>ST</sup> – 2 <sup>ND</sup> GRADE <input type="checkbox"/> VBS teen helper 3 <sup>RD</sup> GRADE <input type="checkbox"/> VBS teen helper 4 <sup>th</sup> /5 <sup>th</sup> GRADE <input type="checkbox"/> VBS teen helper Crafts <input type="checkbox"/> VBS teen helper Movie <input type="checkbox"/> VBS teen helper Snack <input type="checkbox"/> VBS teen helper Games	<b>2) Teen Volunteer First &amp; Last Name</b> _____ Date of birth _____ Grade 2018-19 _____ Adult T-Shirt Size (Adult Size) S M L XL 2X <input type="checkbox"/> VBS teen helper PreK-4 AND Kinder <input type="checkbox"/> VBS teen helper 1 <sup>ST</sup> – 2 <sup>ND</sup> GRADE <input type="checkbox"/> VBS teen helper 3 <sup>RD</sup> GRADE <input type="checkbox"/> VBS teen helper 4 <sup>th</sup> /5 <sup>th</sup> GRADE <input type="checkbox"/> VBS teen helper Crafts <input type="checkbox"/> VBS teen helper Movie <input type="checkbox"/> VBS teen helper Snack <input type="checkbox"/> VBS teen helper Games	<b>3) Teen Volunteer First &amp; Last Name</b> _____ Date of birth _____ Grade 2018-19 _____ Adult T-Shirt Size (Adult Size) S M L XL 2X <input type="checkbox"/> VBS teen helper PreK-4 AND Kinder <input type="checkbox"/> VBS teen helper 1 <sup>ST</sup> – 2 <sup>ND</sup> GRADE <input type="checkbox"/> VBS teen helper 3 <sup>RD</sup> GRADE <input type="checkbox"/> VBS teen helper 4 <sup>th</sup> /5 <sup>th</sup> GRADE <input type="checkbox"/> VBS teen helper Crafts <input type="checkbox"/> VBS teen helper Movie <input type="checkbox"/> VBS teen helper Snack <input type="checkbox"/> VBS teen helper Games
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**PARENT OR LEGAL GUARDIAN CONSENT & LIABILITY**

**As parent / legal guardian, I grant permission:**

- For my child/ren to participate in all Children's / Youth Ministry activities for the 2019-2020 school year.
- For photos and/or videos (individual and group) to be taken during activities and used in the parish bulletin, website, power point presentations, etc. for non-commercial purposes. Child/ren's full names or personal information will not be published.
- In consideration of my child's participation in this events, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in these events.

Parent or Legal guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**CANCELLATION/ REFUND POLICY**

- 50% of total materials fee will be refundable for cancellations initiated PRIOR to first day of VBS program
- No refund will be given after the first day of starting VBS program
- Refunds are paid by check only. It takes 4 to 6 weeks for a refund check to be issued.
- No child will be excluded from Faith Formation or Sacraments program for financial reasons.
- The Directors of Faith Formation and Sacraments are willing to work with any family requiring financial assistance. Please contact the parish office 281-376-6831

By writing my initials, I have read and agreed to the terms of this policy \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION IN CASE OF AN EMERGENCY**

We do not have medical insurance

We do have medical insurance. Information is as follows:

Physician / Clinic Name \_\_\_\_\_ Physician / Clinic Phone # \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Policy / Group # \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

**MATERIAL FEES-**

OFFICE USE ONLY

**EVENING SESSION June 10<sup>th</sup>-14<sup>th</sup>, 2019 6:30pm-8:30pm**

**MORNING SESSION June 17<sup>th</sup>-21<sup>st</sup>, 2019 9am- 12pm**

\$40.00 per student - per session TOTAL DUE: \$ \_\_\_\_\_

AMT PD TODAY: \$ \_\_\_\_\_  CRT CARD  CASH  CK# \_\_\_\_\_