

St. Louise Church 2018 Vacation Bible School Student Helper Sign Up

To Students entering Grades 9 and up,

Assisting Vacation Bible School is a great way to help the St. Louise Community, earn required service hours for your school and have fun! VBS is **June 25 to June 29, 2018** at St. Louise Church and Cross of Christ Church from 9AM to 12PM. Student helpers assist adult station leaders at assigned activity stations, or as a crew assistant. It is preferred that the helpers be available all five days of bible school.

Vacation Bible School is a fun, easy way to help and it gives you 15 hours of service hours for your school service hour requirement, if you need it. I hope you will help in this fun way. *You are needed!*

In Christ,

Geri Hanley
Faith Formation
St. Louise Church
425-747-4450



I am interested in being a Student Helper for Vacation Bible School.

I am entering grade _____ this Fall.

Student's name: _____

Address: _____

Phone #: _____

Parent's Name _____

Parent's Email _____



Please complete the other side...

Please note the area you are interested in assisting. We will do our best to place you in that area, but cannot guarantee you will be assigned in the area you request. (Younger student helpers are generally assigned to help with our preschool children.)

_____ Drama
_____ Snack
_____ Games

_____ Arts & Crafts
_____ Music
_____ Crew Assistant

Emergency Information for Student Helper

Parent's Name

Parent's Emergency Number

Alternate Emergency Contact
(Not a parent)

Alternate Phone Number

Allergies (list foods, insect bites, medications etc.)

Medications

Special Needs

Medical Conditions

I grant permission for my child to participate in activities sponsored by Vacation Bible School and do hereby release Vacation Bible School and its representatives from all liability in the event of accidental injury. In the event that I am not readily available, I the natural parent/guardian authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician to safeguard my child's health. It is understood that every effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of Parent/Guardian: _____

Date _____

