

Vacation Bible School

4 year olds - 6th Grade

July 15-19, 2019

Monday-Friday 9 AM—Noon

Deadline: June 17, 2019

\$10 per child
(Non-Refundable)

For Office Use Only

Received: _____

Payment: _____

Check No.: _____

Family Last Name(s): _____

Primary Phone: _____ E-Mail: _____

Mailing Address: _____ City/State/Zip: _____

Mother's Name: _____

Mother's Cell: _____ Mother's Work : _____

Father's Name: _____

Father's Cell: _____ Father's Work: _____

Another Contact (*In Case of an Emergency and the parents cannot be reached*):

Name: _____

Relation: _____ Phone: _____



Child's Full Name: _____ **Date of Birth:** _____ **Grade in 2018-19** _____

Male _____ Female _____ **School Attending:** _____

Allergies/Special Needs _____

T-Shirt Size (*circle one*): Ch/Sm Ch/Med Ch/Lg Ad/Sm Ad/Med Ad/Lg

Child's Full Name: _____ **Date of Birth:** _____ **Grade in 2018-19** _____

Male _____ Female _____ **School Attending:** _____

Allergies/Special Needs _____

T-Shirt Size (*circle one*): Ch/Sm Ch/Med Ch/Lg Ad/Sm Ad/Med Ad/Lg

By registering my child(ren) for any and all programs at Holy Cross Catholic Church, I am releasing and forever hold harmless the Diocese of Lafayette, Holy Cross Catholic Church, its employees, volunteers, and associates from any and all harm or injury to myself or my family. I give my permission for my child to be photographed and/ or filmed as part of the VBS activities. My child's image may appear in church publications.

Parent Signature _____ 

Return with payment by June 17th to: Holy Cross Disciple Formation, 415 Robley Drive, Lafayette, LA 70503

VBS Volunteer Sign-Up - July 15-19, 2019

(\$10.00 per Volunteer for T-shirt/Snacks)

Family Last Name(s): _____
Mailing Address: _____ City/State/Zip: _____
Phone: _____ E-Mail: _____

Adults (age 18 and older):

_____ *I would like to be a volunteer during the week of VBS.*

Name: _____ D.O.B.: _____ Cell Phone: _____

E-Mail: _____ T-shirt (Adult) Size: S M L XL XXL

Have you had initial training in Safe Environment? YES NO

If yes, when and where? _____

If yes to initial training, have you had continuing education for the 2019 YES NO

If yes, when and where? year? _____

Teens (age 17 and under)

1. Name: _____ D.O.B.: _____ T-shirt (Adult) Size: S M L XL XXL

Grade for 2019-20: _____ Student's Phone: _____ Student's E-Mail: _____

We carefully place our helpers where we think they would serve best. Do you have a preference? (Please check your **top 3 choices**)

_____ Wherever I'm Needed

_____ 4—5 year-olds

_____ 1st—2nd Grade

_____ 3rd—4th Grade

_____ 5th—6th Grade

_____ Snacks

_____ Imagination Station

_____ Bible Adventure

_____ Games

2. Name: _____ D.O.B.: _____ T-shirt (Adult) Size: S M L XL XXL

Grade for 2019-20: _____ Student's Phone: _____ Student's E-Mail: _____

We carefully place our helpers where we think they would serve best. Do you have a preference? (Please check your **top 3 choices**)

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_____ Snacks

_____ Imagination Station

_____ Bible Adventure

_____ Games

I give my permission for my photo / my child's photo to appear in Holy Cross publications.

Parent / Adult Signature _____



Please submit form along with payment to: Office of Disciple Formation