

Dickinson Catholic Vacation Bible School

Participant Registration Form

Tuesday, June 2 through Friday, June 15, 2018

9am to 12pm Daily

Trinity High School

810 Empire Road, Dickinson ND

For children entering preschool through Grade 6

Children must be 4 before June 1st, 2018



Program capacity is limited to the first 120 students. Additional students may be placed on a wait list.

Child's Information:

Name: _____

Gender: (circle one) M F Age: _____ Grade entering Fall 2018: _____

T-shirt size: (circle one) child sizes: XS S M L / adult sizes: S M L XL Allergies

or medical conditions: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone Numbers:

Hm: _____ Wk: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature _____ Date _____

_____ \$40 First Child
_____ \$20 Each Additional Child
\$_____ Total Due
_____ Stewardship Family
_____ Check Received

All forms should be mailed with payment to:

St Patrick's Parish
Attn: Vacation Bible School
229 3rd Avenue West
Dickinson, ND 58601

Return completed form by: **Monday, May 14th, 2018**

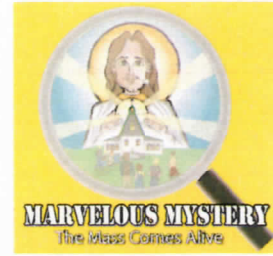
Volunteer Application

Volunteer Training: Monday, June 11 at 9am

Vacation Bible School: Tuesday, June 12-Friday, June 15th

Volunteers need to be available daily from 8:30am-12:20pm

Student volunteers must be entering 7th grade and up



Contact Information

Name	
Street Address	
City State ZIP	
Phone	
E-Mail Address	
T-shirt size	

Interests

Select 3 areas in which you are interested in volunteering (we may not be able to guarantee all requests)

- Assistant Group Leader
- Craft Station Assistant
- Game Station Assistant
- Snack Station Assistant
- Music Station Assistant
- Dress as Saint of the Day
- Skits
- Personal Assistant for student with special needs

Person to Notify in Case of Emergency

Name and Relation	
Address	
Phone	
E-Mail Address	

Agreement and Signature

_____ (please initial) I understand that I am volunteering for VBS and I will receive no compensation for this service other than the satisfaction of serving others. During VBS, I will be passionate about my faith. I will exhibit outstanding character as I understand I am a role model for the youth participating in the program. I will remain positive, energetic and engaged, encouraging the youth under my care to do the same. I will be reliable, trustworthy, and on time for my assignment.

_____ (please initial) I will wear my VBS t-shirt daily (unless dressed as Saint of the Day) with pants/shorts/skirts of modest length. I understand leggings are not acceptable pants. I will wear shoes that will not inhibit my ability to run, or participate in activities.

_____ (please initial) I agree to have my picture taken and understand it may be used in future VBS publications or promotions.

Volunteer Signature	
Parent Name (please print)	
Parent Signature	
Date	