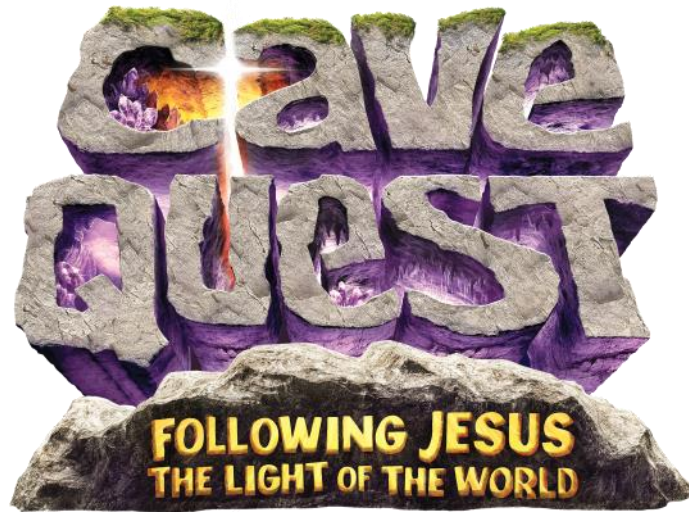


Summer, 2016



Dear Parents/Guardians:

Here is the registration packet for “Cave Quest” Vacation Bible School and also some information.

You will need to return all three forms to the office (or in the collection) for each child you are registering. Children will not be considered as registered until we receive all of your forms. **All forms should be turned in by July 26, 2016.**

We are not charging a registration fee this year, but would gladly accept donations to help cover the costs. Providing VBS without a fee also means we will have to limit the number of attendees. Once we reach our cap, any additional children wishing to register will be put on a waiting list.

At VBS, the children will be in small groups, called Crews, which are led by adults or teens who love working with children and helping them grow in faith. These crews will go around to several different stations throughout the course of the morning. Your child will have many wonderful opportunities to make new friends and interact with children within and among the different crews.

The week will be filled with activities, Scripture, drama, crafts, songs, treats and more!

May God Bless You Abundantly!

Suzanne Duda
VBS Coordinator
541-926-1449
suzi_stmarys@comcast.net

Here is some information that may be helpful to you:

- We will begin each day at **9 am** and end at **noon**. Please try to have your child there 5-10 minutes early. However, we do not have enough supervision for your child to arrive before 8:40 am.
- **Please drop off and pick up your child in the Gathering Space.** Enter and leave by the playground doors. You will need to come in to sign your child in and out each day. Do **not** just drop off your child outside or leave your child on the playground in the morning.
- Have your child **wear play clothes** and shoes that are easy to run and play in.
- Alert us immediately of any **food or other allergies** your child has. This is very important as snacks are part of our program. We may or may not be able to make the necessary dietary changes for your child. In that case, we would encourage you to pack a snack for your child. Let's work together on this.
- Let us know if there is **any other information** concerning your child that will help us make this week exciting, faith-filled and successful for your child.
- Finally, please **fill out the registration form for each child**. Space is limited, so we will take the children on a first-come basis. Also, please fill out the form telling us who is (or is NOT) authorized to pick up your child each day. Your child is not registered until we have received all the paperwork.
- We are asking parents to volunteer in whatever capacity they are able. Perhaps an hour or two helping with snacks, helping set-up or take down. Perhaps you can help cover some of the cost of supplies. Please think about how you might help make this a successful week for our kids.
- Our service project will be to collect school supplies for area children. You can send supplies with your child any day during VBS. Things like crayons, markers, rulers, paper, pencils, binders, glue sticks and/or backpacks are all very useful items. Your generosity is greatly appreciated!
- On Friday of VBS week, we will end with a Mass at 11:30 am. During Mass, the children will share some songs they have learned during the week. Please attend this Mass with us.

Thank you for enrolling your child in Vacation Bible School and allowing us to further their faith formation!



For VBS Use Only!

Crew: _____

Crew Leader: _____

Child's Name: _____

Grade in School This Fall: _____

Person/s authorized to pick up child each day:

If we need to reach someone during VBS hours, who should we call or text?

Name: _____ Phone: _____

Prefer text at: _____

Name: _____ Phone: _____

Prefer text at: _____

Other information we need to know to keep your child safe and comfortable:

Please note: Each day we will take pictures of a different group of children. These pictures are used during the closing session for that day. In addition, we may use these pictures for news articles or parish events. Please initial one of the following options:

_____ I authorize the use of photos of my child for the daily sessions or news articles or parish events.

_____ I DO NOT authorize the use of photos of my child for the daily sessions or news articles or parish events.

Signature

Date

Parent Volunteer Form

Parent Name: _____

Phone: _____

Email: _____

Please remember we are asking each parent/family to help contribute to VBS in some way. If you are not able to volunteer your time, please consider donating toward the cost of VBS or helping to provide snacks during the week.

____ I have already volunteered!

____ I would be happy to help set-up and/or decorate for VBS.

____ I can do a project at home if you let me know what you need.

____ I would like to help with snacks at VBS.

I am available ____ Monday; ____ Tuesday ; ____ Wednesday; ____ Thursday; ____ Friday

____ I can't come to VBS, but would be glad to contribute to snacks by bringing in cupcakes, cookies, fruit, granola bars, popcorn, string cheese, or another snack item, such as: _____

____ I would like to help as a regular volunteer during VBS hours.

____ I will act as a substitute if one of the leaders is ill or unavailable during VBS.

____ I will help with clean-up on Friday, August 5, following the end of Mass.

____ I would like to make a monetary donation to help with VBS.

____ I'm not sure how I can help — please contact me with your needs.



**CHURCH/SCHOOL
EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH**

Child's name _____ Date of birth _____ Grade level _____

Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____ Phone _____

Person with whom child is living _____

Church/School requesting form _____

Person(s) to notify in case of an emergency:

Name _____ Phone 1 _____ 2 _____

Name _____ Phone 1 _____ 2 _____

Name _____ Phone 1 _____ 2 _____

Family physician _____ Phone _____

Last tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If yes, please state below:

Name _____ Dosage _____ Reason for medication _____

Prescribing physician _____ Phone _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

Insurance information:

Name of medical insurance company _____

Group or identification number _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

**PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN
STUDENT/YOUTH FILE**