

Vacation Bible School Fun Camp 2018 Registration Form

June 18 - 22 2018

June 18 - 22 9:00 a.m. – 12:00 noon

Registration Fee (non-refundable):

\$25 per child T-Shirt: \$10 Music CD: \$6

Check payable to St. Helen return to CCE office



Parent's Name: _____

Parish Member: Yes or No

Address: _____ City/Zip Code: _____

Preferred Contact # _____ Alternate # _____

E-mail: _____

Emergency Contact: Name: _____ Phone#: _____

Please Note: On the back of this form is the Medical Consent form & liability waiver, The form must be completed and signed in order to process registration.

Children in Kindergarten thru Fifth Grade

Child's Name: _____ Date of Birth _____

2017 Grade in School : _____ Friend Requested: _____

Allergies or Special Needs: _____

Optional – Circle T-Shirt Size: Child Sm(6-8) Med(10-12) Lg (14-16) Adult Sm - Med

Optional - Music CD \$6: Yes No

Child's Name: _____ Date of Birth _____

2017 Grade in School: _____ Friend Requested: _____

Allergies or Special Needs: _____

Optional –Circle T-Shirt Size: Child Sm(6-8) Med(10-12) Lg(14-16) Adult Sm - Med



Volunteer Information

Volunteers must be VIRTUS trained. To register www.virtusonline.org

Volunteer's Name: _____ Adult ____ Teen's Age _____

Address: _____ City/Zip Code: _____

Phones: Home # _____ Cell/Work # _____

E-mail: _____

Emergency Contact: Name: _____ Phone#: _____

*Need Babysitting during VBS for (# of children) _____ ages _____

Circle One: Arts & Crafts Drama/Skits Games Greeter Music Photographer

Scripture/Bible Stories Group Guide Babysitter Kitchen Decorating

Optional – Volunteer Staff T-Shirt Circle Adult Size: Sm Med Lg XL

Vacation Bible School Fun Camp 2018 Registration Form June 18 - 22 2018

Registration Fee (non-refundable): \$25 per child T-Shirt: \$10 Music CD: \$6

Check payable to St. Helen return to CCE office



*We will offer Pre-K 4 only if we have VIRTUS trained adult volunteers helping with this age group.

Parent will be notified one week prior (by June 10th) only the \$25. registration fee will be refunded.

Parent's Name: _____ Parish Member: Yes or No

Address: _____ City/Zip Code: _____

Preferred Contact # _____ Alternate # _____

E-mail: _____

Emergency Contact: Name: _____ Phone#: _____

Please Note: On the back of this form is the Medical Consent form & liability waiver.
The form must be completed and signed in order to process registration.

Pre-K 4 years - by January 1, 2018 no exceptions

*Child's Name: _____ Date of Birth _____

One friend Requested: _____

Allergies : _____

Optional – Circle T-Shirt Size: Child X Small 2-4 or Small 6-8 **Optional - Music CD \$6: Yes No**

*Child's Name: _____ Date of Birth _____

One friend Requested: _____

Allergies: _____

Optional – Circle T-Shirt Size: Child X Small 2-4 or Small 6-8 **Optional - Music CD \$6: Yes No**

Volunteer Information

Volunteers must be VIRTUS trained. To register www.virtusonline.org

Volunteer's Name: _____ Adult _____

Address: _____ City/Zip Code: _____

Phones: Home # _____ Cell/Work # _____

E-mail: _____

Emergency Contact: Name: _____ Phone#: _____

*Need Babysitting during VBS for (# of children) _____ ages _____

Circle One: Classroom Leader Arts & Crafts Leader Games Leader Music Leader