



VBS 2018 Registration Form

For children entering Grades Pre-K* through Grade 6

When: Monday, July 9 through Friday, July 13, 2018 9 am to 12 Noon Daily
Where: Catholic Family Community Center 329 Cliff Street Honesdale
Contact: Anna Avery 570-229-0364 Email: aecordaro27@yahoo.com

Children who are 4 years old must be accompanied by an adult
Please have your child bring a white t-shirt to be tie-dyed during VBS

\$10/Child Registration Fee will help pay for VBS supplies * Registration Deadline is July 6th

Completed Child Registration Form and Registration Fee, and Volunteer Registrations, should be mailed or dropped off to the Parish Office located at 414 Church St., Honesdale PA 18431 (next to St. Mary's Church).

Make Checks payable to St. John's Parish

Child VBS Registration Information:

Child's Name: _____ Age: _____ Grade completed: _____

Address: _____

Allergies/Medical Conditions/Medications: _____

Parents/Guardians' Name(s): _____ Email Address: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact Name: _____ **Phone:** _____

Photo Release: () Yes I consent that my child's photo maybe taken for St. John's website or Catholic Light Newspaper () No

Volunteer Registration Information:

Volunteers Needed*! Up to 17-1/2 hours community service credit for Confirmation students!

Parents and Grandparents please join us! *All volunteers 18 years old and older are required to have a background check*

I am interested in helping with: (please check as many as interest you)

____ Faith Station ____ Music Station ____ Crafts Station ____ Snacks Station ____ Fun & Games Station ____ Short Skits/Plays

____ Grades Pre-K & K ____ Grades 1 & 2 ____ Grades 3 & 4 ____ Grades 5 & 6

Name: _____ Email Address: _____

Student: () Yes or () No Home Phone: _____ Cell 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, Parish and/or Organization 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.

Parent / Guardian Signature

Date