

faith

games

music

snacks

fun

prizes

# CAT-CHAT

## Vacation Bible School

crafts



Come along on:

### A WILDERNESS ADVENTURE THROUGH THE SACRAMENTS

Jesus in My Heart

Who: Kids: Enter K to 5<sup>th</sup> grade

Where: St. John Bosco Church

When: June 17<sup>th</sup> -21<sup>st</sup>

Time: 9:00-12:00

Cost: \$15.00 per child (includes shirt)

Registration Deadline: June 1, 2019

Contact: Judy Reed 337-439-6585

Register Online:

<https://stjohnboscochurch.com/>

Find out more about Cat.Chat: visit [www.catchat.ca](http://www.catchat.ca)





# Participant Registration Form

ST. JOHN BOSCO CHURCH  
JUNE 17<sup>th</sup> --21<sup>st</sup> -9:00 – 12:00  
ENTERING K- 5<sup>TH</sup> GRADE  
REGISTRATION FEE: \$15.00 per child

**Child's Information:**

Name: \_\_\_\_\_

Gender: (circle one)    M    F                      Age: \_\_\_\_\_                      Entering Grade: \_\_\_\_\_

T-shirt size: (circle one)    child sizes: YXS   YS   YM   YL   YXL/   Adult sizes: S   M   L   XL

\*\*\*\*\***Must be registered by June 1<sup>st</sup> in order to receive a T-Shirt**\*\*\*\*\*

Allergies or medical conditions: \_\_\_\_\_

Health Insurance # (if applicable): \_\_\_\_\_

**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 \_\_\_\_\_

**Bring registration form to Dolan Hall or call Judy/Barbara for any questions 337-439-6585**