



VBS Registration 2019

Monday, June 17—Friday, June 21

8:30 a.m.— Noon

Kindergarten -5th grades (incoming)

Cost is \$20 per child

(maximum \$50 per family)

We don't want children to miss this fun week due to cost. For scholarship information contact Laura @ 918.272.3740

(1)**Child's Name:** (first) _____ (last) _____

Grade Incoming: _____ Age: _____ T-shirt Size: YS YM YL AS AM AL

Food Allergies: _____

(2)**Child's Name:** (first) _____ (last) _____

Grade Incoming: _____ Age: _____ T-shirt Size: YS YM YL AS AM AL

Food Allergies: _____

(3)**Child's Name:** (first) _____ (last) _____

Grade Incoming: _____ Age: _____ T-shirt Size: YS YM YL AS AM AL

Food Allergies: _____

(4)**Child's Name:** (first) _____ (last) _____

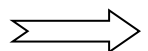
Grade Incoming: _____ Age: _____ T-shirt Size: YS YM YL AS AM AL

Food Allergies: _____

Indicate here if you would like to receive a music CD (One per family)

Yes _____ No _____

Over:



Parent Name: _____

Address: _____

Primary Phone: _____

Emergency Contact (other than parent): _____

Primary Phone: _____

Who is picking up your children? _____

I/We, the undersigned parent(s) or legal guardians(s) of:

_____, _____, _____

_____ do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor(s) under the general, specific or special request of Religious Education Department staff. This consent will remain in effect from June 17-June 21, 2019. I understand that every precaution will be taken to ensure my son(s)/ daughter(s)/ward(s) safety. Should an accident occur, I will not hold the Church of St. Henry or the Diocese of Tulsa or its paid staff or volunteer staff responsible. Further, I understand that attempts will be made to immediately contact me should an accident occur. I understand that an ambulance or emergency personnel will be requested if deemed necessary. Payment for medical/dental emergencies is the sole responsibility of the parent(s)/guardian(s).

Parent Signature: _____ **Date:** _____

St Henry Catholic Church has / does not have (circle one) permission to use photos of my child/ children from VBS for St. Henry Church VBS video and St. Henry media.

Parent Signature _____

I would like to volunteer for VBS this year (under 15 years must be accompanied by an adult):

_____ Prior to the week. Helping with preparations like décor, cutting out arts and crafts, etc. Some things can be done at home or at the church at your leisure.

Name: _____ Youth or Adult ~ Email _____

Name: _____ Youth or Adult ~ Email _____

_____ The week of VBS. Childcare is provided for those younger than Kindergarten through 5th grade. I

would prefer to help with: _____ Arts & Crafts _____ Inter active Bible story

_____ Snacks _____ Games _____ Music

Name: _____ Email: _____

Preschool or Nursery childcare needed for the following:

Name _____ age _____ Name _____ age _____