



## VBS Registration 2017

Monday, June 19—Friday June 23

8:30 a.m.— Noon

1st-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 Kelley @ 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) \_\_\_\_\_

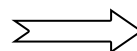
Grade Incoming: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt Size: YS YM YL AS AM AL

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 19-June 23, 2017. 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:**\_\_\_\_\_

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 16 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:\_\_\_\_\_ Email\_\_\_\_\_

\_\_\_\_\_ The week of VBS. Childcare is provided for me for those not in 1st through 5th grade.

I would prefer to help with:

\_\_\_\_\_ Arts & Crafts \_\_\_\_\_ Inter active Bible story

\_\_\_\_\_ Snacks \_\_\_\_\_ Games \_\_\_\_\_ Music

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