



St. Thomas the Apostle  
**Vacation Bible School**



**JUNE 17<sup>th</sup> – 20<sup>th</sup> \* MONDAY – THURSDAY \* 9 am – 12 noon**

AGES: 4 – 11 year olds (going into the 6<sup>th</sup> grade)

**THEME: Oh when the SAINTS go marching in!**



**LOCATION:** St. Thomas the Apostle \* the corner of Woody Dr. & Colton Blvd.

**COST:** \$12.00 per child or \$35.00 per family with 3 or more children

(Pre-registration & Payment required in order for guaranteed placement)

**REGISTRATION DEADLINE: Monday, June 10<sup>th</sup>**

**HOW TO REGISTER:**

1. Fill out this form – FRONT & BACK.
2. **Please indicate if you are willing to help and in what area.**
3. Make checks payable to St. Thomas the Apostle VBS
4. Mail registration form with payment to: St. Thomas the Apostle \* Attn: Joyce \* 2055 Woody Dr. \* Billings, MT 59102
5. Please remember the **June 10<sup>th</sup>** deadline.

**VACATION BIBLE SCHOOL REGISTRATION FORM**

COMPLETE FRONT & BACK OF THIS FORM.

Family Name: \_\_\_\_\_ Parents/Guardian Name: \_\_\_\_\_

Family Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home #: \_\_\_\_\_ Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Emergency Contact person will only be called if we cannot reach you at the above telephone numbers.

**VOLUNTEERS NEEDED**

**Volunteers can be Parents, Grandparents or JH and HS brothers and sisters!**



1. Name: \_\_\_\_\_

2. I am willing to help in the following area:

\_\_\_\_\_ **Teach a class:**

*Preferred Age Group:* Pre/K 1st/2nd 3rd/4th 5th/6<sup>th</sup>

\_\_\_\_\_ **MUSIC** (9 am – 9:20 am)

\_\_\_\_\_ **Teacher's Aide** (9 am – 12 noon)

\_\_\_\_\_ **Arts & Crafts** (9 am – 12 noon)

\_\_\_\_\_ **Serve Snacks** (10 am – 11:30 am)

3. Please indicate if you are SAFE & SACRED trained: YES NO



**front & back of this form MUST be completed**



**STUDENT INFORMATION**

***\*All preschoolers must be 4 years old by June 20<sup>th</sup>\****

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (This coming fall)  
Allergies/Medical/Behavior Concerns: \_\_\_\_\_

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**Fee Enclosed: \_\_\_\_\_ \$12.00 / child or \$35.00 / family with 3 or more children**

*(Scholarships are available upon request. Contact Joyce @ the church office, 656-5800.)*

**Photo Permission:**

Photos will be taken throughout the year during Religious Education and Family Nights and we would like to post the photos in "The Harvest"(diocesan newspaper), our bulletin and/or on the website. Please indicate if you give your permission for your children's pictures to be posted. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Indemnity Agreement:**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor(s).

I agree on behalf of myself, my child(ren) named herein, or our heirs, successors and assigns, to hold harmless and defend St. Thomas the Apostle, its teachers, DRE, employees and agents, and the Diocese of Great Falls-Billings, its employees, agents, chaperons, or representatives associated with Vacation Bible School, from any claim arising from or in connection with my child(ren) attending Vacation Bible School or in connection therewith, and I agree to compensate St. Thomas the Apostle, its teachers, directors, and agents, and the Diocese of Great Falls-Billings, its employees and agents and chaperons, or representatives associated with Vacation Bible School for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St. Thomas the Apostle or the Diocese of Great Falls-Billings.

I do hereby give permission for my child(ren) who are listed above to attend and participate in Vacation Bible School at St. Thomas the Apostle the week of **June 17<sup>th</sup> – 20<sup>th</sup>** (Monday through Thursday) from 9 am – 12 noon each day.

In the event of an emergency and I cannot be reached, I do also hereby give permission to the holder of this Permission form, as a representative of St. Thomas the Apostle Church, to act in my stead to consent to any medical treatment or hospitalization deemed necessary by the holder of this permission form and a licensed physician or emergency team. I agree to be liable for any and all costs involved in such emergency treatment. I release and discharge St. Thomas the Apostle Church and/or representatives involved in this activity from any liability whatsoever in exercising this permission.

Please be advised that my child(ren) \_\_\_\_\_, has/have the following physical ailment and/or takes the following listed medicine. I will provide the necessary medicine and instructions for giving it.

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I am also aware that during VBS the children will have a snack break mid-morning. If my child has unusual food allergies, I will provide my child's snack. ***I will also note any food allergy in the above section.*** I have read and agree to the above indemnity agreement.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** This must be signed and dated in order for your child to attend.