

Good Shepherd and St. Mary's Presents...

Space is
limited!



Register
today!

June 17-21, 2019

Vacation Bible School for Kids

9:00AM—Noon

Good Shepherd Catholic Church

N88 W17658 Christman Road

Menomonee Falls, WI

Participants: Children entering K3-6th Grade in the 2019-2020 School Year
Children must have turned 3 no later than 12/31/2018 and be potty trained.

Volunteer Opportunities:

Youth Crew Leaders: Students entering 7th grade—College (2019-2020 school year)

Adult Leaders/Volunteers: Day Care for children under age 4 will be provided for
adult leaders/volunteers.

Early Bird Special: Register and pay by May 15th: \$35/child (\$70 max/family)

Registrations received May 16—May 31: \$40/child (\$80 family max)

NO REGISTRATIONS ACCEPTED AFTER MAY 31, 2019

Return to Good Shepherd Christian Formation Office
no later than May 31st (May 15th for early bird discount)

Please make checks payable to Good Shepherd

Any questions? Good Shepherd Christian Formation Office at (262)255-2035; kaletar@archmil.org

2019 VBS Parent/Legal Guardian Permission Slip for and Indemnity Agreement

Name of Child 1: _____ Grade (2019-2020) _____

Name of Child 2: _____ Grade (2019-2020) _____

Name of Child 3: _____ Grade (2019-2020) _____

Name of Child 4: _____ Grade (2019-2020) _____

Optional: I would like a Music CD _____ or Digital Download Code _____ (\$8 each)

Parish/School: Good Shepherd Catholic Church City: Menomonee Falls

Supervisor: Mike Crain Phone: 262-255-2035 Parish/School Joining: St. Mary's

Activity: Vacation Bible School Date: June 17-21, 2019

Mode of Transportation: Parents will transport their own children to Good Shepherd

Arrival/Pick Up Time: Arrive at 9:00am and pick up at 12:00pm each day

Please Complete Form and Return by: May 31, 2019 Cost: **Before May 15th:** \$35 per child (\$70 family max), **May 16-May 31:** \$40 per child (\$80 family max) **Optional:** \$8 for Music CD or Digital Download Code

Check should be made payable to Good Shepherd

In consideration for my child/ward participation, I agree to reimburse and indemnify parishes for all reasonable legal and court fees incurred by parishes in defending a lawsuit that I or my child/ward may bring against parishes, which relates to the above named activity if is found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have.

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above:

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____ City, State, Zip: _____

E-mail address(es): _____

Home Phone: _____ Cell phone(s): _____

Signature: _____ Date: _____

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Alternate Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Name of Medical Insurance: _____ Policy #: _____

Pertinent Medical Conditions: _____

Inhaler/Epi-Pen Only: My child may or may not carry and self-administer.

Food Allergies? No _____ Yes _____ If so, what are you allergic to? _____

I hereby give my permission to the parishes for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Parent/Legal Guardian Signature: _____ Date: _____

Volunteer Information: (There are no additional fees for youth and adult volunteers)

Youth Crew Leader (Grade Entering Sept 2019) (Circle days available)

Name _____ Email _____ Grade _____ M T W Th F

Name _____ Email _____ Grade _____ M T W Th F

Adult Leader/Volunteer (Circle days available)

Name _____ Email _____ M T W Th F

Day Care Needed (for children of volunteers only) YES NO

Ages of children for nursery _____