



St. Elizabeth/Little Flower Vacation Bible School
2018 Enrollment Form (June 25th - 29th)

T-Shirt Size:
Youth S (6/8),
M (10/12), L (14/16)
XL (18/20) or
Adult S, M or L

Last Name _____ First Name _____ DOB _____ Sex _____ Grade in **Sept. '18** _____
T-Shirt Size: _____

Child 1 _____

Child 2 _____

Child 3 _____

Contact Information

Parent/Guardian Name(s) _____

Home Address _____
(Street)

Home Phone # _____
(City, State, Zip)

Work Phone # (Mom) _____ Cell Phone # (Mom) _____

Work Phone # (Dad) _____ Cell Phone # (Dad) _____

Telephone # to Call First in the Event of an Emergency _____

Home Parish or Congregation _____

Health Information (Please list any allergies, health concerns, or special needs.)

Child #1 _____

Child #2 _____

Child #3 _____

Tuition is \$62 per child. After 5/21/18, tuition will be \$72. Registration closes on 06/11/18. Return your registration, volunteer, and liability/medical forms, along with a check to: St. Elizabeth Church, 917 Montrose Road, Rockville, MD 20852, Attn: VBS.

Note: You MUST complete the Volunteer Form and ENCLOSE A CHECK in order for your registration to be accepted!

Liability Release and Consent to Treat

Please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any actions taken by your child.

I, the parent/guardian of _____, request that St. Elizabeth Church and Church of the Little Flower allow my son/daughter to participate in the jointly sponsored Vacation Bible School 2018. I hereby release and save harmless these churches, their employees or volunteers, and the Roman Catholic Archdiocese of Washington and its agents from any and all liability for any harm arising to my son/ daughter as a result of this activity.

I also grant my consent for staff members and/or adult supervisors under whose auspices this VBS is being conducted to secure all emergency medical care and/or treatment that may be necessary for my child during the entire event, including any necessary transportation. I release and hold harmless from any liability any staff member or adult volunteer who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of my child. In case of accident, injury or loss, neither my family nor I will hold the parishes, the diocese, or any staff person or volunteer associated with Vacation Bible School responsible or liable.

I grant permission to St. Elizabeth Church or Church of the Little Flower to publish photos of my child (ren) on their websites or in the churches' promotional materials, with the assurance on the part of said churches that no names will be published without permission. I understand that no royalties will be paid for the publication of any pictures.

(Parent's Printed Name)

(Parent's Signature)

(Parent's Phone #s)

(Date)

PHYSICIAN/INSURANCE INFORMATION

Family Physician: _____

Telephone #: _____

Insurance Carrier: _____

Policy Holder's Name: _____

Policy Number: _____

Group/Member Number: _____

Medical Conditions: _____

Medications: _____

Allergies: _____



Volunteer Form for Vacation Bible School 2018

VBS is run by volunteers, and **we need your assistance to make it a success!** Parents of campers are expected to donate three hours of your time to the program. **Indicate your 1st, 2nd, and 3rd choices for the area(s) in which you'd like to help.** Volunteers will be assigned on a first-come, first-served basis. **All volunteers working with children must be Virtus trained and cleared.**

Decorations Artist: Help construct theme-related decorations prior to VBS week. _____

Set-Up: Help with set-up on **Friday evening, June 22nd**, from 5:30 p.m. - 8:30 p.m. _____

Help with set-up on **Saturday morning, June 23rd**, from 9:30 a.m. to 12:30 p.m. _____

Help with set-up on **Saturday afternoon, June 23rd**, from 1:30 p.m. to 4:30 p.m. _____

Craft Helper: Help students make crafts. Know lesson and craft correlation. _____

Other: as previously arranged with Mary Theresa _____

Recreation Supply Coordinator: Order or gather supplies for recreation station. _____

Snacks: Spend a morning in the cafeteria preparing and serving snacks. _____

Storytelling: Re-tell the bible story for the day in a dramatic fashion. (Script provided.) _____

Storytelling Prop Coordinator: Gather supplies for storytellers. _____

Teacher: Prepare and teach lesson. (Material provided.) Take students from station to station.
Which grade? _____

Clean-up: Clean up the school on Friday, 6/29, from 1:30 to 4:30 p.m. _____

Put away supplies on Saturday, 6/30, from 10:00 a.m. to 1:00 p.m. _____

Check here if someone else (grandparent, other relative, au pair) is doing your volunteer time. _____

The name of this helper is _____ and his/her email is _____

Parent's Name: _____ Phone # _____ E-mail _____

I can help on ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ all week

As the nursery was infrequently used in the past two years, we will not offer this service for the children of volunteers. Volunteers are asked to make other arrangements for children who are not participating in VBS (whether older or younger).



Note: Do not use this form to indicate that your teen (8th grade or older) is interested in helping. There is a separate form for this. Teen service does not exempt parent from volunteer duty. Thank you in advance for your cooperation. ☺