



Vacation Bible School

Come Discover the greatest destination for the summer- Vacation Bible School. This year's theme is **Son Rise National Park**, a land of invigorating power and beauty where there is nothing between you and God's big sky. As we trek along, enjoy learning how Jesus can help us every day, even when we face challenges in life.

- **Who is this for?** grades K-5
- **Time:** 8:00-Noon
- **Date:** July 16-20
- **Where:** St Boniface, lower level
- **Cost is \$20.00 per child. Early registration is encouraged as space is limited.**
- **Registration closes July 12.** Complete the registration form and return to parish office by July 12.
- **Daily Snacks are provided.**

See back side for registration. Additional copies are available in the Parish Office or on our website. Please turn your registration form(s), along with payment, to the parish office.

HELP NEEDED: *We are looking for adults (18 and older) who are able and willing to give of their time one, or more mornings throughout the week to help with registration, crafts, bible story, snack and game stations. There will be an organizational meeting in June for volunteers.*

If you are able to volunteer **contact Cheryl Green** (VBS Coordinator) at cheryl.green@swic.edu, or call **618-692-0788**. Thank you

St. Boniface Parish
Vacation Bible School 2018 Registration Form

STUDENT _____ GRADE ENTERING _____ SEX: M F

St. Boniface Parishioner? **Yes No** If no, Parish Name: _____

PARENT/GUARDIAN INFORMATION

Name of Father/Guardian _____ Daytime Phone _____

Address _____ City _____ Home Phone _____

Name of Mother/Guardian _____ Daytime Phone _____

Address _____ City _____ Home Phone _____

Medical Release

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

➡ Please explain any medical or physical problems including all allergies which we should be aware of; or any special needs/circumstances that may relate to your child: _____

➡ In case of emergency and a parent or emergency contact cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my child _____. I understand that as the parent/guardian I am responsible for medical expenses incurred.

Parent/Guardian Signature _____ Date _____

Photograph Release

During Vacation Bible School we will have the opportunity to take photos of children engaged in activities. We need your permission to use photos of your child on the St. Boniface Parish Web Site and in other communications such as, but not limited to; Parish publications (e.g., bulletins, brochures), print advertising and media relations. Your child's name will not be used.

_____ **I GIVE MY PERMISSION** _____ **I DO NOT GIVE MY PERMISSION**

for St. Boniface Parish Vacation Bible School to use photographs of my child _____ to illustrate activities of the program such as, but not limited to: Parish publications (e.g. bulletins, brochures), St. Boniface Parish Web site, print advertising and media relations that promote the program.

Signature _____ Date _____