

# 2017 VACATION BIBLE SCHOOL SIGN-UP FORM

**Monday, July 17 through Friday, July 21  
9 a.m.—12 noon\***



*\*Set aside Friday 12 noon—1:30 pm for closing & VBS picnic.*

For children in **Preschool** (4 years) and **Grades K—5**  
(2017/2018 school year)

(\$35 per child for the week/\$70 family)

Checks payable to:  
*St. Francis of Assisi Religious Education*  
2150 Frieze Ave. Ann Arbor, MI 48104 734-821-2130

## Volunteer for Vacation Bible School!

Volunteer to create a summer faith experience for children.

Fill out the volunteer form below or on-line at

[WWW.STFRANCISA2.COM](http://WWW.STFRANCISA2.COM)

Contact [stfired@stfrancisa2.org](mailto:stfired@stfrancisa2.org) or 821-2130 for information.

Children of parents who volunteer all week may attend free of charge. A nursery is available for children of volunteers.

## MIDDLE AND HIGH SCHOOL TEENS:

Become part of a team of kids like yourself—helping younger kids to learn about our Faith! Interested? Fill out the volunteer and emergency sections (with a parent signature) below and drop the form in the collection basket at Mass or return it to the St. Francis Religious Education Office or Parish Office.

**VBS counts for service hours.**

**2016 VBS REGISTRATION** Please complete this form and return with payment to the Religious Education Office (or sign up on-line at [www.stfrancisa2.com](http://www.stfrancisa2.com)). Welcome letters with room assignments are e-mailed the week of July 10.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
*First Last First Last*

Children live with (please circle): *both parents; mother; father; other, please describe:* \_\_\_\_\_

If a language other than English is spoken in the home, please indicate language here: \_\_\_\_\_

Phone: \_\_\_\_\_  
*(Child's Home) (Mother's Cell/Work) (Father's Cell/Work)*

E-Mail: \_\_\_\_\_  
*(Mother's) (Father's)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ 2017/18 Grade: \_\_\_\_\_ Allergies/Disabilities: \_\_\_\_\_

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## EMERGENCY INFORMATION (Please fill out for children attending VBS and for youth volunteers):

If my child/youth becomes ill or is injured while attending Vacation Bible School and parents are not available, please call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the staff of St. Francis to seek emergency medical care for my child as deemed appropriate. Our doctor of preference is: \_\_\_\_\_ Phone: \_\_\_\_\_ Our hospital preference is: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **VOLUNTEERS NEEDED:** (Children of parents who volunteer for the full week may attend VBS at no charge).

*For youth (middle school and high school) volunteers, please also fill out the Emergency Information above.*

**The orientation meeting for all VBS volunteers is Tuesday, July 11 at 7 p.m. in the Parish Activities Center (PAC).**

Please circle the ways you are able to help:

Teacher/Group Guide/Assistant; Music; Crafts; Kitchen; Recreation; Nursery; Friday Picnic

I can volunteer (circle days): All Week; M T W Th F

Name: \_\_\_\_\_ Your age if youth: \_\_\_\_\_ Grade preference: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Completed Virtus Training? Yes / No / Not sure

Your infant/toddler child who will attend the nursery (please also fill out emergency information above):

Name: \_\_\_\_\_ Age \_\_\_\_\_ Allergies/Disabilities: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Allergies/Disabilities: \_\_\_\_\_