

# 2018 VACATION BIBLE SCHOOL SIGN-UP FORM

**Monday, July 23 through Friday, July 27  
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**

(2018/2019 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

Contact stfreled@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.**

**2018 VBS REGISTRATION** Please complete this form and return with payment to the Religious Education Office (or sign up on-line at www.stfrancisa2.com). Welcome letters with room assignments are e-mailed the week of July 16.

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: \_\_\_\_\_ 2018/19 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 17 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: \_\_\_\_\_