

2008 VACATION BIBLE SCHOOL SIGN-UP FORM



Vacation Bible School meets:

**Monday, July 21 through
Friday, July 25
9 a.m.—12 noon***

**Set aside Friday 12 noon—1:30 p.m. for
the VBS picnic.*

For children in **Preschool** (4 years)
and **Grades K—5** (2008/09 school year)

(\$32 per child for the week/\$64 family maximum)

Tuition fee includes the VBS t-shirt

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-filled experience for children. Fill out the volunteer form below or contact Ellen Ward at ward@rc.net or 821-2132 for more information. Children of parents who volunteer all week may attend free of charge. Nursery 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—all in the adventure of Vacation Bible School!!! 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. *VBS work counts for Confirmation and High School service hours.*

2008 VACATION BIBLE SCHOOL REGISTRATON Please complete this form and return with your payment to the Religious Education Office. Use additional forms as needed. Welcome letters with homeroom assignments are mailed the week of July 14.

Mother's Name: _____ Father's Name: _____
First Last First Last

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

Phone: _____
(Child's Home) (Mother's Cell/Work) (Father's Cell/Work)

E-Mail: _____
(Mother's) (Father's)

Address: _____ City: _____ Zip: _____

Child's Name: _____ 2008/09 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.

Please circle the ways you are able to help:

VBS Setup/Cleanup; Teacher/Group Guide; 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 best to contact _____ E-Mail: _____

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

Name: _____ Age _____ Allergies/Disabilities: _____