



SAINT JOSEPH COMMUNITY VACATION BIBLE SCHOOL

SUNDAY, AUGUST 4 — THURSDAY, AUGUST 8, 2019
6:00-8:00 PM

REGISTRATION FORM DUE 7/28/19

FEES: \$10 per child or \$35 per family.

\$5 per family will be added if registering after July 28, 2019.

Checks payable to Saint Joseph Vacation Bible School and mailed to

Saint Joseph VBS
C/O Resurrection Lutheran Church
PO Box 549
Saint Joseph, MN 56374



For More Information

Resurrection Lutheran: Rachel Kuebelbeck rachelkuebelbeck@gmail.com

(leave message with Tracy at 363-4232)

Gateway Church: Pastor Bruce info.gatewaychurch@gmail.com

Church of Saint Joseph: Marian Bach ffdirector@churchstjoseph.org 320-363-7505 ext. 152

Laura Gorder lgeriene@gmail.com

Facebook: St. Joseph Community VBS stjoecommunityvbs@gmail.com

Family Information

Parent(s)/Guardian(s) Name: _____

Full Mailing Address: _____

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

Family Email: _____

Person picking up child(ren): _____

Phone (if not listed above): _____

Worshipping Congregation: _____

Volunteer Opportunities

I will help with: Games ___ Bible Stories ___ Snacks ___ Craft ___ Music ___

Office Helper ___ Opening/Closing ___ Small Project Helper ___ Leader in Training ___

(6th graders only)

Pre-K ___ Kind. ___ Grade 1 ___ Grade 2 ___ Grade 3 ___ Grades 4,5,6 ___

Participant's Information

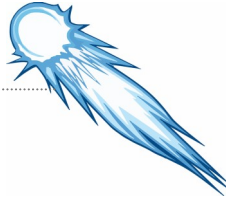
**Group placements are done by the grade that the student completed in spring of 2019.
Please circle the grade your child completed, or in the case of preschool, please circle your child's age.**

Name of Child: _____

Group placement: 4y 5y K 1 2 3 4 5 6
(PLEASE CIRCLE AGE OR COMPLETED GRADE)

T-shirt Size: Youth Sizes: XS (2-4) S (6-8) M (10-12) L (14-16) Adult Sizes: S M L XL
(PLEASE CIRCLE A SHIRT SIZE)

Medical Concerns/Allergies (if any): _____



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Photo Release

I grant permission for all photographs taken of the above listed child(ren) enrolled in Saint Joseph Community Vacation Bible School to be used for crafts, publicity, or advertising for the program.

_____ Yes _____ No

Printed Name: _____ Signature: _____

Emergency Contact

Name: _____ Phone: _____

Relation to child(ren): _____

In the event of an emergency, I give permission for the VBS Coordinators to obtain any medical attention they feel is necessary for my child(ren).

Parent Signature: _____ Date: _____

OFFICE USE ONLY	
PAYMENT: Cash or Check Number: _____ Remaining Balance: _____ Date: _____	CHECK IN: T-shirts picked up: _____ CD: _____ NOTES: _____