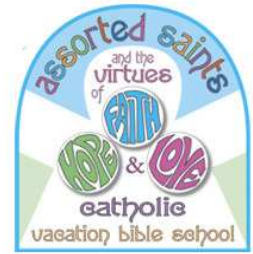


SAINTS ALIVE!

Saint Catherine of Siena 2009 Vacation Bible School Registration Form



Dates: August 3-7, 2009
Times: 9:00 am -12:00 pm
Who: Children from age 4 to 6th grade
 (2009-2010 school year)
Cost: \$20.00 per child / \$50 maximum per family
 (families may also contribute to a Service Project)

Capacity: 130 children
Deadline: June 1, 2009 (registrants after June 1 may be subject to capacity limitations)
Directors: Kim Kruer 462-2856 kimkruer@mac.com
 Kathleen Girnus 441-0501 girnus@earthlink.net



Discover the keys to heaven.
The Saints know the secrets.

Please complete one form per family. If you are registering more than two children, use the back to list additional children.

Mother's Name: _____ Father's Name: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____ E:Mail: _____
 Emergency Contact: _____ Phone: _____ Relationship to Child: _____
 Family Doctor: _____ Phone: _____
 Child will be picked up by: _____

Child's Name: _____ Nickname: _____
 Age (by August 1, 2009): _____ Grade (2009-2010 school year): _____
 Child's Food Allergies/Medical Problems/Special Needs: _____

Child's Name: _____ Nickname: _____
 Age (by August 1, 2009): _____ Grade (2009-2010 school year): _____
 Child's Food Allergies/Medical Problems/Special Needs: _____

Consent Publication of Photographs taken during week

The undersigned hereby consents to the reproduction, publication and other use of photographic image of themselves or custodial child by St. Catherine of Sienna Parish, and any program of this organization, however designated. Adult Signature: _____ Date: _____

Please make checks payable to St. Catherine's VBS. Drop registration and payment in the collection basket during mass or mail or bring into the church office. Registrations will be confirmed via e:mail once payment and registration form are both received.

Adult Volunteers

Name: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 E:Mail: _____
 Child care provided for children ages 3 and under. Please list names and ages of children needing care: _____

Please check preferences:

<u>July Preparations</u>	<u>Week of August 3-7</u>
<input type="checkbox"/> Decorations	<input type="checkbox"/> Lesson Leader, Grade Preferred
<input type="checkbox"/> Craft	<input type="checkbox"/> Craft Leader
<input type="checkbox"/> Music	<input type="checkbox"/> Music Leader
<input type="checkbox"/> Snack	<input type="checkbox"/> Snack Leader
<input type="checkbox"/> Field Day	<input type="checkbox"/> Field Day Leader
<input type="checkbox"/> Service Project	<input type="checkbox"/> Service Project Leader
<input type="checkbox"/> Skit	<input type="checkbox"/> Skit Leader
<input type="checkbox"/> Set Up	<input type="checkbox"/> Story Leader
	<input type="checkbox"/> Child Care Leader

Jr. High and High School Volunteers

Service hours for Confirmation available for 7th & 8th graders.

Name: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 E:Mail: _____
 Please circle days you will be available: M Tu W Th F

Please note that all Jr. High and High School volunteers must complete one training session.



Date Rcvd: _____
Check#: _____
Amount \$: _____
Confirmed: _____
Lesson Leader: _____

Please note that all adult volunteers working the week of August 3-7 must complete one training session, be VIRTUS certified, and be available for the entire week.