

Shipwrecked-Totally Catholic VBS 2018 – June 11-15, 9:00 am-12:00 pm

Registration forms and fees are due by May 18th.

*****Late registrations will not be accepted*****

Children must have turned **FOUR** years old by January 1, 2018



\$25.00-one child

\$45.00-two children in the same immediate family

\$65.00-three children in the same immediate family

\$75.00-four or more children in the same immediate family

Registration is limited and will be on a first come, first serve basis

Make checks payable to Holy Spirit Catholic Church

Parent/Guardian Information

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Emergency Contact Number: () _____

_____ I would like to volunteer the week of VBS.

_____ Another family member would like to volunteer for the week of VBS.

******* Adult volunteers who work all 5 days of VBS receive a 50% discount *******

Volunteer Name: _____

Contact Number: _____

Email Address: _____

Birthdate/age (if younger than 18): _____

Are you Safe Environment Certified? _____

(IMPORTANT- If you are 18 or older, you must be Safe Environment certified. If you are not currently certified, please pick up a packet with instructions in the Holy Spirit office to become certified immediately. Please do not wait on this, as it takes several weeks to get the background checks back from the Diocese. Thank you!)

Pick Up 1: _____

Relationship: _____

Pick Up 2: _____

Relationship: _____

Physician Name: _____

Physician Phone: _____



Questions? Contact Cheryl at Cheryl@holyspiritcatholic.org or Trenton at trenton@holyspiritcatholic.org

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!

Child 1

Name: _____

Age: _____

Birthdate: _____

Entering grade: _____

T-shirt size: YS(6-8) _____ YM (10-12) _____ YL(14-16) _____

Allergies: Yes _____ No _____

If yes, please explain _____

Medical Conditions: Yes: _____ No _____

If yes, please explain _____

Other concerns: _____

Permission to use photographs of your child: Yes: _____ No: _____

(Strictly to be used for: individual pictures to take home, the VBS DVD to be shown at CHURCH ONLY, and SpiritNet)



Child 2

Name: _____

Age: _____

Birthdate: _____

Entering grade: _____

T-shirt size: YS(6-8) _____ YM (10-12) _____ YL(14-16) _____

Allergies: Yes _____ No _____

If yes, please explain _____

Medical Conditions: Yes: _____ No _____

If yes, please explain _____

Other concerns: _____

Permission to use photographs of your child: Yes: _____ No: _____

(Strictly to be used for: individual pictures to take home, the VBS DVD to be shown at CHURCH ONLY, and SpiritNet)

Due to staffing requirements and in order to have adequate supplies, the

*****Deadline for registration is May 18, 2018!*****

*****Late registrations will not be accepted.*****

Please return completed form and payment made payable to Holy Spirit to the office;
Attn: Cheryl Powell or Trenton Ackerman