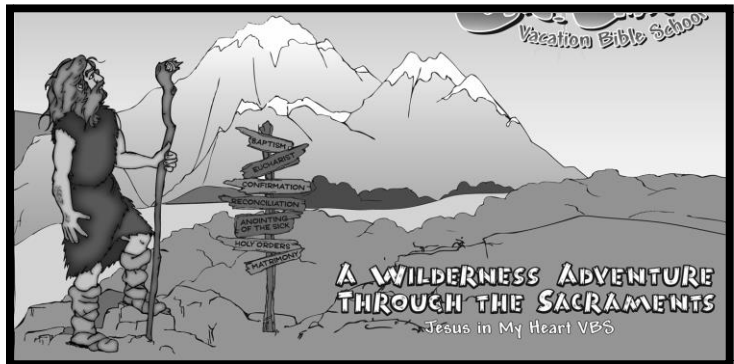


# St. Joseph Vacation Bible School

## Children:

**Age 4 yrs - 6<sup>th</sup> grade**

Come join us for a week of faith, friends and fun.



**What:** Join us for an awesome Vacation Bible School that will take us on a **Wilderness Adventure through the Sacraments!**

**Who:** Open to all children age 4 through entering 6th grade.

**When:** Monday, June 18<sup>th</sup> through Friday, June 22<sup>nd</sup>, 2018  
--- Arrive at 8:45 am --- Pick up at 12:45

**Where:** St. Joseph Parish Center, Salem

**How:** Fill out the attached registration form/permission slip and return to the St. Joseph Religious Education Office, Parish Office, or School Office by **Friday, June 8<sup>th</sup>**. Late fee applies if returned after this date.

**Fee:** **\$20 per child if registered by Friday, June 8<sup>th</sup>**. \*\*\$25 per child if registering after June 8<sup>th</sup>. Fee covers t-shirt, snacks, games, crafts, a Music CD for each family and loads of good Catholic teaching that will energize your child's faith!

**Please make checks payable to: St. Joseph Church**

\*\*Your child may not receive a t-shirt until the end of the week if registering late

**Dress:** Wear your VBS t-shirt each day!

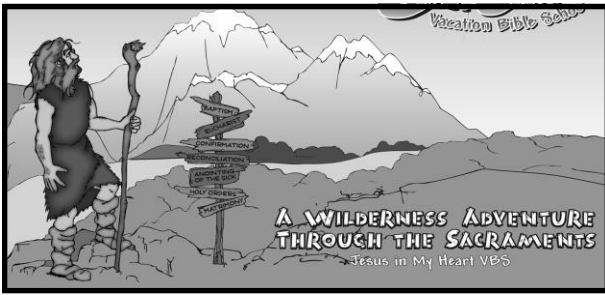
**Leaders:** We need adults and teens to help lead groups of children. If you would like to help, please fill out the Adult or Teen Volunteer Form or **Contact Mary Belleque at 503-390-6921 or 971-218-3926**. Please return registration form to St. Joseph Parish Office.

*We are looking forward to a fun, faith-filled and exciting week! Please keep us in your prayers as we plan and prepare. Plus, invite others to come – what a great way to share our Faith!*

May God bless you and your family,

Mary Belleque  
VBS Coordinator

Sr. Raquel De Leon, HMRF  
St. Joseph Director of Religious Education



**Participant Registration Form**  
**ST. JOSEPH VACATION BIBLE SCHOOL**  
**Monday, June 18- Friday, June 22, 2018**

Child's Name (First, Last) Please print clearly	Age	Grade in Fall 2018	Childs Allergies or Special Needs	Medications Presently Taking

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone # \_\_\_\_\_

**Please complete the back of this form. Make checks payable to: St. Joseph Church.**

**Office use**

Number of children: \_\_\_\_\_ x \$20 (registered by June 8th) = \$ \_\_\_\_\_

Number of children: \_\_\_\_\_ x \$25 (registered after June 8th) = \$ \_\_\_\_\_

Received: Music CD \_\_\_\_\_ T-Shirt \_\_\_\_\_ Name Tag \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash Payment \_\_\_\_\_

# T-Shirts/Name Tags for St. Joseph Vacation Bible School Participants

Name you would like printed on your child's VBS name tag:

T-shirt size: Please circle one size for each child

_____	<b>Child Size:</b> Sm Md Lg	<b>Adult size:</b> Sm Md Lg
_____	<b>Child Size:</b> Sm Md Lg	<b>Adult size:</b> Sm Md Lg
_____	<b>Child Size:</b> Sm Md Lg	<b>Adult size:</b> Sm Md Lg
_____	<b>Child Size:</b> Sm Md Lg	<b>Adult size:</b> Sm Md Lg
_____	<b>Child Size:</b> Sm Md Lg	<b>Adult size:</b> Sm Md Lg
_____	<b>Child Size:</b> Sm Md Lg	<b>Adult size:</b> Sm Md Lg

## PERMISSION FORM WITH PHOTO RELEASE & EMERGENCY INFORMATION

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Insurance & Policy # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

I give my permission for my child/children to participate in the Vacation Bible School. I do hereby release, hold harmless and covenant not to sue St. Joseph Church, the Archdiocese of Portland, Oregon, and all employees and leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by my child/children. I give permission for my child/children to be photographed in Vacation Bible School activities. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

In case of illness, accident or emergency to the child(ren) named previously, St. Joseph Church and its representatives are authorized to proceed as indicated below. (Thoroughly complete the following information and number each item 1,2,3 in the order of desired action you wish us to take):

\_\_\_\_\_ Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Take my child to nearest hospital.

*Return this form to the St. Joseph Religious Education Office, Parish Office or School Office.*

# Teen Volunteer Form ST. JOSEPH VACATION BIBLE SCHOOL

**Monday, June 18- Friday, June 22, 2018**

To Volunteer – please sign-up by June 8<sup>th</sup>. **Orientation will be on Monday, June 11, 6:30-8:00 pm in the St. Joseph Parish Center.** Any questions, please call Mary Belleque at 503-390-6921 or 971-218-3926.

Jr. High or High School Youth: Name (first, last)	Age	Grade in fall 2018	Child's Allergies or Special Needs	Medications Presently taking

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone # \_\_\_\_\_

T-Shirts: (\$5 suggested donation)

**Name on VBS Name Tag:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**T-shirt size:**

**Child Size:** Lg **Adult size:** Sm Md Lg XL XXL

**Child Size:** Lg **Adult size:** Sm Md Lg XL XXL

**Child Size:** Lg **Adult size:** Sm Md Lg XL XXL

## PERMISSION FORM WITH PHOTO RELEASE & EMERGENCY INFORMATION

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance & Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

I give my permission for my child/children to participate in the Vacation Bible School. I do hereby release, hold harmless and covenant not to sue St. Joseph Church, the Archdiocese of Portland, Oregon, and all employees and leaders involved in this event. Nor shall said persons be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities that may result from actions taken by my child/children. I give permission for my child/children to be photographed in Vacation Bible School activities. In the event of an emergency, and I cannot be contacted, I hereby authorize emergency treatment to be administered.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Return this form to the St. Joseph Religious Education Office, Parish Office or School Office.*

<h1 style="margin: 0;">Adult Volunteer Form</h1> <h2 style="margin: 0;">ST. JOSEPH VACATION BIBLE SCHOOL</h2> <p style="margin: 0;"><b>Monday, June 18- Friday, June 22, 2018</b></p>
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To Volunteer – please sign-up by June 8<sup>th</sup>. **Orientation will be on Monday, June 11, 6:30-8:00 pm in the St. Joseph Parish Center.** Any questions, please call Mary Belleque at 503-390-6921 or 971-218-3926.

Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Name on VBS Name Tag:**

**T-shirt size:**

\_\_\_\_\_

**Adult size:** Sm Md Lg XL XXL

Please check the areas that you are interested in:

- |                                       |                                   |   |                                       |
|---------------------------------------|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Snacks   | <input type="checkbox"/> Music  | <input type="checkbox"/> Crafts       |
| <input type="checkbox"/> Games        | <input type="checkbox"/> Skits    | <input type="checkbox"/> Group Assistant  | <input type="checkbox"/> Group Leader |
| <input type="checkbox"/> Publicity    | <input type="checkbox"/> T-shirts | <input type="checkbox"/> Nursery (available for volunteers with young children) |                                       |

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*Please turn-in top portion to the Religious Education Office or Parish Office.*

Vacation Bible School is **Monday, June 18 – Friday, June 22, 2018**. It is open to all 4 year olds through 6<sup>th</sup> grade. **You will need to be at St. Joseph Parish Center no later than 8:20 am** each morning and stay **until about 1:00** (after the children are picked up by their families).

**Training/In-service will be Monday, June 11 from 6:30-8:00 pm at St. Joseph Parish Center.**

**\* All Adults ages 18+ need to have a Background Check and receive training.** If you have not done this, Sr. Rachel De Leon or Mary Belleque will be contacting you to arrange a time.

**\* Jr. High and High School Volunteers need to fill-out a Teen Volunteer Registration/Permission form.**

We look forward to a great week – filled with excitement for Our Lord Jesus Christ and learning our Catholic Faith! Please be keeping VBS in your prayers and invite people to come! **Thank you for volunteering!**

If you have any questions, please contact **VBS Coordinator Mary Belleque at 503-390-6921/971-218-3926** or St. Joseph Director of Religious Education, Sr. Raquel De Leon, HMRF, at 503-581-1623.