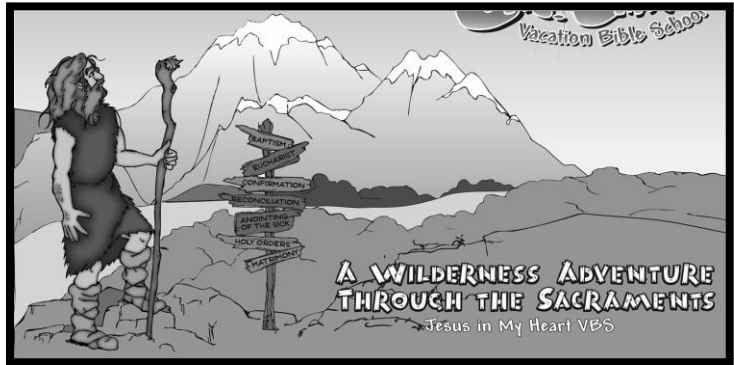


St. Joseph Vacation Bible School

Children:

Age 4 yrs - 6th 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 18th through Friday, June 22nd, 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 8th**. Late fee applies if returned after this date.

Fee: **\$20 per child if registered by Friday, June 8th**. **\$25 per child if registering after June 8th. 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!

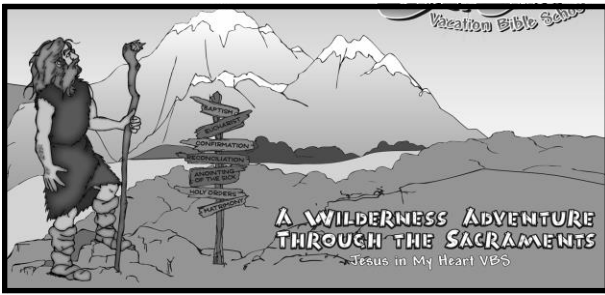
Leaders: We need adults and teens to help lead groups of children. If you would like to help, please fill out the Adult or Teen Volunteer Form or **Contact Mary Belleque at 503-390-6921 or 971-218-3926**. Please return registration form to St. Joseph Parish Office.

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

_____	Child Size: Sm Md Lg	Adult size: Sm Md Lg
_____	Child Size: Sm Md Lg	Adult size: Sm Md Lg
_____	Child Size: Sm Md Lg	Adult size: Sm Md Lg
_____	Child Size: Sm Md Lg	Adult size: Sm Md Lg
_____	Child Size: Sm Md Lg	Adult size: Sm Md Lg
_____	Child Size: Sm Md Lg	Adult size: 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 8th. **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 _____

<h1 style="margin: 0;">Adult Volunteer Form</h1> <h2 style="margin: 0;">ST. JOSEPH VACATION BIBLE SCHOOL</h2> <p style="margin: 0;">Monday, June 18- Friday, June 22, 2018</p>

To Volunteer – please sign-up by June 8th. **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) | |

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 6th 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.