

VACATION BIBLE SCHOOL 2008 - STUDENT REGISTRATION FORM

Church of Saint Mary • 1347 East 49th Place • Tulsa, OK 74105 • 918-749-2561, ext. 123 • lschoonover@churchofsaintmary.com

Date: June 23 - June 27
 Time: 9:00 a.m. to 12:15 p.m.
 Age: 4 yrs thru graduated 7th Grade
 (3-year olds accepted if a parent is an on-site volunteer)



Cost per Child: \$25/child for pre-school & elementary. \$50/child for middle school.
 Maximum Family Fee: \$75/family without a middle-schooler. \$100/family with a middle schooler.

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone (Mother) _____ Work Phone (Father) _____

E-Mail Address _____ Cell Phone _____

Registered Parishioner at St. Mary? Yes No

Pre-School: Age 4 & 5 by Sept. 1 (We will accept 3-year olds if a parent is an on-site volunteer. Nursery will be available for children under 3.)

Elementary: Graduated Kindergarten through Graduated 4th Grade

RAINFOREST ADVENTURE, a Catholic Vacation Bible School, is a fabulous adventure. Each day everyone hears a kid-friendly Bible story that highlights how we can live each and every day as we care for what God has so generously given us. Everything from the opening Celebration to games to songs to drama to crafts connects the daily Bible story and theme in fun and memorable ways. We will all *have "Tree Top Bible Blast"*

STUDENT'S NAME (If last name is different from parent's, please indicate)	BIRTH DATE (mm/dd/yy)	GRADE (in the fall 09/01/08)	AGE	OFFICE USE ONLY

Middle School: Graduated 5th Grade through Graduated 7th Grade (Daily time schedule may vary depending on activities)

Whether it's Going Green, Supporting our Troops, or even Dinner and Dancing, we have the middle-schoolers' week packed with cool service projects and adventures built around the Social Justice Teachings of the Church, which have us caring for our World and all of the people in it! This year **JC's APPRENTICES** will begin the week together at a "Lock-In" on Sunday night, and then will spend the week on and off-site as active Disciples of Christ! The week offers a potential for 6 service hours.

STUDENT'S NAME (If last name is different from parent's, please indicate)	BIRTH DATE (mm/dd/yy)	GRADE (in the fall 09/01/08)	AGE	OFFICE USE ONLY

If your child has any special needs or allergies, please indicate: _____

FOR OFFICE USE ONLY: Fee Paid Cash Check # _____ Medical form on File

VACATION BIBLE SCHOOL 2008 - VOLUNTEER REGISTRATION FORM

Would you like to volunteer to help with VBS? Yes No (If so, please complete this form)

Name _____

Preferred method of communication? Phone _____ E-mail _____

Adult Volunteer Teen Volunteer (Age _____ Birth date _____)

Are you a Saint Mary Certified Volunteer? Yes No

- A certified volunteer has: 1. Completed all screening paperwork, 2. Had a background check (if over age 18), and, 3. Attended " VIRTUS, Protecting God's Children" training (if over age 16). If you have met these requirements, you should have a St. Mary's volunteer badge and will need to wear it to VBS. If you have not completed these requirements, please contact Linda Schoonover to begin the process.
- Teens are invited and encouraged to serve as volunteers. The greatest need is in the pre-school and elementary program. Teens must also complete some screening paperwork, and, those age 16 and over must attend a "VIRTUS" session.

On-site adult volunteers will be able to enroll their 3 year-olds in the pre-school program, and will have access to a nursery for children two and under: Please indicate:

3-year old? Yes No (Please add to student registration form).

Nursery? Yes No How many? _____ Age(s) _____

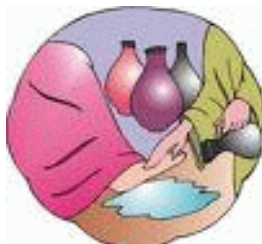
VOLUNTEER OPPORTUNITIES: Please check section and activity(ies) where you would like to help.

Pre-school Elementary Middle School Other _____ Wherever Needed

Circle the days you can help: Monday Tuesday Wednesday Thursday Friday

(Please rank your responses in numerical order of preference - 1,2, 3 etc.)

✓	ACTIVITY	✓	ACTIVITY	✓	ACTIVITY
<input type="checkbox"/>	Planning Committee	<input type="checkbox"/>	Celebration Leaders (for Opening & Closing activities)	<input type="checkbox"/>	Morning Greeters - Sign in Table
<input type="checkbox"/>	Elementary Coordinator	<input type="checkbox"/>	Music Activity Center	<input type="checkbox"/>	First Aid Station
<input type="checkbox"/>	Middle School Coordinator	<input type="checkbox"/>	Small group leader (Great spot for teens)	<input type="checkbox"/>	Help in Baby Nursery
<input type="checkbox"/>	Story-telling	<input type="checkbox"/>	4 th & 5 th Graders Leaders or helpers	<input type="checkbox"/>	Help in Toddler Nursery
<input type="checkbox"/>	Crafts (leader - helpers)	<input type="checkbox"/>	Photographer	<input type="checkbox"/>	Friday Lunch (Hot dog picnic)
<input type="checkbox"/>	Games (leader - helpers)	<input type="checkbox"/>	Decorations/Environment	<input type="checkbox"/>	Publicity
<input type="checkbox"/>	Science Activity Center	<input type="checkbox"/>	Middle School Leaders or helpers	<input type="checkbox"/>	Friday afternoon cleanup & put away
<input type="checkbox"/>	Snacks (leader - helpers)	<input type="checkbox"/>	Pre-School Leaders or Helpers	<input type="checkbox"/>	Organize/contact volunteers
<input type="checkbox"/>	Help prepare crafts in advance (Cutting, assembling, etc.)	<input type="checkbox"/>	Dads - make great mentors for our kids just by being present	<input type="checkbox"/>	Supplies Coordinator



CHURCH OF ST. MARY
MEDICAL RELEASE FORM

I/We the undersigned parent(s) or legal guardian(s) of

- 1. _____
- 2. _____
- 3. _____
- 4. _____

(child's name)

do hereby authorize any x-ray examination, anaesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and/or hospital service that may be rendered to said minor under the general, specific or special request of Linda Schoonover or Candice Calhoon.

This consent will remain effective from June 1, 2008 until October 1, 2009.

I understand that every precaution will be taken to ensure my daughter/son/ward's safety. Should an accident occur, I will not hold the The Church of St. Mary or the Diocese of Tulsa or its paid staff or volunteer staff responsible.

Further, I understand that attempts will be made to immediately contact me should an accident occur. If the parish is unable to contact me, I understand that an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian.

Signature Parent/Guardian _____

Date _____

EMERGENCY PHONE NUMBERS

NUMBER	NAME/RELATIONSHIP
1.	
2.	
3.	