

VACATION BIBLE SCHOOL 2009 – STUDENT REGISTRATION FORM
 Church of Saint Mary • 1347 East 49th Place • Tulsa, OK 74105 • 918-749-2561, ext. 123

Date: June 15 - June 19
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 a fulltime, on-site volunteer)

ALL REGISTRATIONS DUE BY JUNE 3
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Register by May 15 for

Early Bird Registration Fee: \$20/child for pre-school & elementary. \$45/child for middle school. Maximum: \$90.

After May 15: \$25/child for pre-school & elementary. \$50/child for middle school. No maximum.

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 (3-year olds accepted if a parent is a fulltime, on-site volunteer. Nursery available for children under 3.)

Elementary: Graduated Kindergarten through Graduated 4th Grade

The Adventures of St. Patrick: The children will set sail with Saint Patrick, the first Bishop missionary, and travel with him on his quest to spread Christianity to the dangerous and ungodly country of Ireland. They will experience firsthand the all-knowing, all-loving, and all-powerful Holy Trinity who guides and protects Patrick at every turn. Our program will ignite a spark in children that will grow into a fire of faith, hope and love.

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

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

During **ROCKsolid VBS** Middle school youth will come together for a week filled with fun and service. Hands-on projects, both on and off campus, will help them understand how our Catholic Sacraments call us to serve others. Whether planting trees, serving meals in the community, or serving our parish, this week of service projects, competition, games and discussion will make it one to remember.

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

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

FOR OFFICE USE ONLY:	Fee Paid <input type="checkbox"/>	Cash <input type="checkbox"/>	Check <input type="checkbox"/> #	Medical form on File <input type="checkbox"/>
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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 person working on her behalf.

This consent will remain effective from June 1, 2009 until October 1, 2010.

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.	

VACATION BIBLE SCHOOL 2009 - VOLUNTEER REGISTRATION FORM

We can't do VBS without you – fulltime volunteers are absolutely necessary. However, if you cannot volunteer for the whole week, we are requesting a minimum of one volunteer day per family - help decorate on Saturday, June 13, or help for one day during the week.

Name _____

Adult Volunteer Teen Volunteer (Age _____ Birth date _____)

Preferred method of communication? Phone _____ E-mail _____

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 activity(ies) and days where you would like to help.

ACTIVITY	M	T	W	Th	F	ACTIVITY	Sat	M	T	W	Th	F
Pre-Sch/Kdg Coordinator						Grade 4-5 Leader						
Pre-Sch/Kdg Games						Grade 4-5 Helpers						
Pre-Sch/Kdg Snacks						Middle School Leaders						
Pre-Sch/Kdg Crafts						Middle School Helpers						
Pre-Sch/Kdg Story & Activity						Check-in (8:30 – 9:30 a.m.)						
Pre-Sch/Kdg Music						Friday Lunch (10 a.m. – 2 p.m.)						
Pre-Sch/Kdg Group Leaders						Friday Cleanup (12 – 2 p.m.)						
Grade 1-3 Opening & Closing Celebration Leader						Photographer						
Grade 1-3 Music Center						Nursery						
Grade 1-3 Lessons & Activity						Teen Helpers						
Grade 1-3 Crafts						Decorate						
Grade 1-3 Games												
Grade 1-3 Snacks												
Grade 1-3 Group Leaders												

CHURCH OF SAINT MARY - MEDICAL INFORMATION FORM

STUDENT'S NAME:

FOR JUNE 1, 2009 TO OCTOBER 1, 2010

_____ Date of Birth: ___ / ___ / ___ Age: ___ Sex: ___
(Last Name) (First Name) (Middle Name)

School _____ Grade: _____
Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Phone: _____ Cell Phone: _____

Other Emergency Contact: _____ Phone: _____

PERMISSION FOR PRESCRIBED MEDICATION

List any medications being taken at this time. (If more space is needed, list on reverse side of this form)

Name of Medication: _____ Form: tablet/capsule/liquid/inhaler/injection/nebulizer

Reason for Medication: _____

Instructions (schedule and dose to be given at parish: program): _____

Start date: _____ End date: _____ Other: _____

Restrictions and/or important side effects: _____

Special Storage requirements: _____ Student may carry medication: No ___ Yes ___

Student is both capable and responsible for self-administering medication: No ___ Yes-Unsupervised ___ Yes-Supervised ___

I give permission for (name of child) _____ to receive the above medication at the parish program according to standard parish policy. (Some parishes require parent/guardian to bring the medication in its original container.)

Signature of

Parent/Guardian: _____ **Relationship:** _____

OTHER INFORMATION

Date of Last Tetanus Booster: _____

List any allergies: _____

List any medical conditions/pertinent health information we should be aware of: _____

INSURANCE/PHYSICIAN INFORMATION

Physician's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Carrier: _____ Policy Number: _____

RELEASE

In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parents/guardians.

Signature of

Parent/Guardian: _____ **Date:** _____

ONE FORM REQUIRED PER CHILD