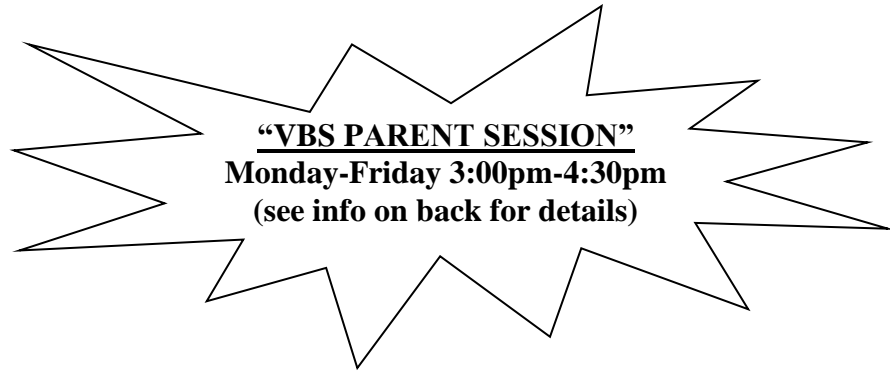


VACATION BIBLE SCHOOL REGISTRATION 2019
HOSTED BY ST. CHARLES BORROMEIO CATHOLIC COMMUNITY



WHEN: JUNE 17th – 21th, 2019, 1:00- 4:30pm
FRIDAY NIGHT BBQ- Potluck - 5:00 PM

WHERE: ST. CHARLES BORROMEIO, 1315 Lomas Ave., Livermore, CA

WHO: CHILDREN CURRENTLY IN GRADES K-5 (school year 2018-2019)
Free childcare (4 years and under) in child care room for parents who are helping/working with VBS.

WHAT: This summer at **"ROAR!" VBS**, kids discover that even though life gets wild, *God is good*. Roar is filled with incredible Bible-learning experiences kids see, hear, touch, and even taste! Sciency-Fun Gizmos™, team-building games, cool Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life.
Register beginning April 12th to May 22nd to be a part of this VBS.

FEE: \$60.00 per child for Registered Parishioners
\$65.00 per child for Non-Registered Families
(Fee Includes: VBS CD, T-shirt, snacks, crafts and FUN!!)

To register, please complete all pages attached including emergency information and Permission Form. Return all forms and **check payment to St. Charles Borromeo: memo - VBS**

ST. CHARLES BORROMEIO VBS
1315 Lomas Ave.
Livermore, CA 94550

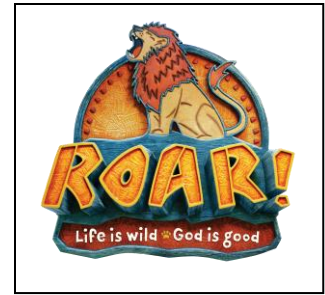
If there is financial hardship, please check box on form. No child will be turned away for financial reasons. We will contact you regarding assistance. Enrollment is on a first-come/first-serve basis. Confirmations will be emailed as soon as registration is received.

FORMS MUST BE POSTMARKED NO LATER THAN May 22, 2019.
Don't miss out on the fun...space is limited so register NOW!!

QUESTIONS?? Please call Margaret Riley or Carmela at 447-4549 x115.

Hope you can join us!! ALL ARE WELCOME!

VBS PARENT SESSION



WHEN: JUNE 17th – 20th, 2019, 3:00- 4:30pm
JUNE 21st, 2019, 3:00- 4:45pm
FRIDAY NIGHT BBQ- Potluck - 5:00 PM

WHERE: ST. CHARLES BORROMEO – TBD

WHO: PARENTS / GRANDPARENTS of kid(s) registered in VBS

WHAT: This summer, while the children are enjoying the wild and wonderful experience of VBS, parents are invited to gather for their own experience of the VBS theme “Life is wild. God is good”. Given the realities of family life, parents face great challenges when it comes to creating a family that feels God’s love and presence, and follows the path to finding their purpose.

For these sessions, parents will have the opportunity to hear a variety of speakers throughout the week that will provide inspirational and encouragement for families.

FEE: \$20.00 per adult

Please fill out if you intend to participate:

1. Name: _____

Email: _____

Cell Number: _____

2. Name: _____

Email: _____

Cell Number: _____

3. Name: _____

Email: _____

Cell Number: _____

ST. CHARLES 2019 VBS **“ROAR!”** REGISTRATION FORM

PLEASE COMPLETE ALL 3 PAGES OF THIS FORM

ONE FORM PER FAMILY

PARTICIPANT'S INFORMATION

(Please print clearly and use the name that your child likes to go by.)

1. **Name:** _____ **Date of birth:** _____
Grade as of 4/1/19: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

2. **Name:** _____ **Date of birth:** _____
Grade as of 4/1/19: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

3. **Name:** _____ **Date of birth:** _____
Grade as of 4/1/19: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

4. **Name:** _____ **Date of birth:** _____
Grade as of 4/1/19: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

***Shirt Sizes are: S (6-8), M (10-12), L (14-16), XL (18-20) (Please allow for shrinkage)**

PARENTS' / GUARDIANS' INFORMATION

Mother's Name:	Home Ph#:
Mother's Address:	Work/Cell Ph#:
Father's Name:	Home Ph#:
Father's Address:	Work/Cell Ph#:

EMAIL: (Please provide email address for VBS info): _____

OTHER INFORMATION

YES!!! I would like to volunteer to help with VBS!
 I'd like to help with the following (Please indicate 1st, 2nd and 3rd choices):

Childcare Clean-up crew
 Decorations Friday BBQ
 Adult Group Leader
 Snacks (for Volunteers)
 Other(s)
 No. I'm sorry, I can't help with VBS

Total fee enclosed: \$ _____
 (\$60 reg. / \$65 non-reg.) per child
Make checks payable to St. Charles; memo - VBS. May be post-dated up to May 22, 2019.

* Financial hardship? YES NO
 (No one will be turned away for financial reasons).
 We will ask you to volunteer some time.

*** Number of family members attending Friday BBQ Potluck** _____

I hereby (circle one) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of **St. Charles Borromeo.**

Date _____ **Signature of Parent or Guardian** _____

**Diocese of Oakland
Faith Formation Program 2019
Parental Permission, Health Authorization, Release Form**

Child's Name _____ Grade _____ Birthdate _____

Child #2 _____ Grade _____ Birthdate _____

Child #3 _____ Grade _____ Birthdate _____

Child #4 _____ Grade _____ Birthdate _____

Parents/Guardians _____ Home Phone _____

Address _____ Work phone _____

Person other than parents authorized to be notified and/or to pick up my/our child/(ren) in case of emergency:

Name: _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone _____

Address: _____ City/Zip _____

Medical Plan: _____ Plan # _____ Group _____

In the event we cannot be reached in an emergency, I/We give permission for my child/(ren)/s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary by the attending physician for my/our child(ren).

Yes _____ No _____

State any reasons why you do not want medical care given to your child in an emergency: _____

Does any child have a medical problem? Yes _____ No _____

Name of Child _____

Nature of medical problem _____

Does any child have a disability? Yes _____ No _____

Name of Child _____

Nature of disability _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following (circle all that apply):

- | | | | | |
|-----------|--------------------|-------------|----------|-------|
| Asthma | Fainting Spells | Convulsions | Diabetes | Heart |
| Eyes | Ears | Nose | Throat | Lungs |
| Digestion | Menstrual Problems | Other _____ | | |

LIST any FOOD ALLERGIES _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medication? No _____ Yes, List _____

State the date of your child's last physical examination: _____

(COMPLETE BACK OF FORM)

Diocese of Oakland
St. Charles Faith Formation Program 2019

**Parental Permission and Acknowledgement of Conditions
for Participation in Program**

1. I/we, parent(s) or authorized guardian(s) of the child named above give permission for his/her participation in **Faith Formation K-5 – VBS 2019 Program at St. Charles Borromeo Catholic Church June 17, 2019 – June 23, 2019**, and all related activities, including but not limited to transportation to and from this faith Formation / Youth Ministry activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the Faith Formation/ Youth Ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands there for on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releases while the minor child, parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Confirmation and or/youth ministry meetings and/or activities whether caused by the negligence of Releases or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.



Model Release Statement

I hereby (circle one) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of St. Charles Borromeo.

I have read this Agreement and understand everything written above.

Signature of Parent or Guardian

Date _____

Signature of Parent or Guardian

Date _____