

**When:** July 8-12  
**Where:** St. Philip Neri  
**Time:** 9am-12pm



**St. Philip Neri**  
**Shine Like Gold**  
**Stewardship to Build the**  
**Church**  
**Vacation Bible School 2019**

**For Office use only:**  
Amount: \_\_\_\_\_  
Cash \_\_\_ Check # \_\_\_\_\_  
Date: \_\_\_\_\_ By: \_\_\_\_\_

**Who:** Rising K-4– Rising 8th Graders  
**Fee:** \$25 per child with CD  
\$20 w/o CD  
Rising 6-8th grade helpers - \$5 fee



**FILL OUT FORM COMPLETELY AND NEATLY**

*Use this side for K-4's thru rising 5th graders, see back for 6th grade and above.*

**Parents:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City, State Zip

**Email:** \_\_\_\_\_

**Phone Mother:** \_\_\_\_\_ **Phone Father:** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**List All Children:**

Name: \_\_\_\_\_ Grade Entering Aug. 2019 \_\_\_\_\_

Name: \_\_\_\_\_ Grade Entering Aug. 2019 \_\_\_\_\_

Name: \_\_\_\_\_ Grade Entering Aug. 2019 \_\_\_\_\_

Name: \_\_\_\_\_ Grade Entering Aug. 2019 \_\_\_\_\_

**WE NEED YOU!!!!**

Volunteers are needed to make this program work.  
Please consider giving of your time to help out. Even one morning helps.

**Yes, I would like to volunteer** \_\_\_\_\_ **Days** \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize St. Philip Neri or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Diocese of Charleston and St. Philip Neri from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week event. (Pictures used for slide show on the last day and for the bulletin. Pictures will NOT be used for any outside publication. Church use ONLY).

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Use this side for children 6th grade and above who would like to volunteer to help. Please mark what station they would like to help in.

Name \_\_\_\_\_ Grade \_\_\_\_\_

*As of Aug. 2018*

Crafts: \_\_\_\_\_ Games: \_\_\_\_\_ Shepherd: \_\_\_\_\_ Snack: \_\_\_\_\_ Music: \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

*As of Aug. 2018*

Crafts: \_\_\_\_\_ Games: \_\_\_\_\_ Shepherd: \_\_\_\_\_ Snack: \_\_\_\_\_ Music: \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

*As of Aug. 2018*

Crafts: \_\_\_\_\_ Games: \_\_\_\_\_ Shepherd: \_\_\_\_\_ Snack: \_\_\_\_\_ Music: \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

*As of Aug. 2018*

Crafts: \_\_\_\_\_ Games: \_\_\_\_\_ Shepherd: \_\_\_\_\_ Snack: \_\_\_\_\_ Music: \_\_\_\_\_

**\*\*Please note, if your child does not follow the rules, he/she will be sent home and asked not to return. They are here to help. Please make certain your child understands this. Thank you.**