

faith

games

music

snacks

fun

prizes

crafts

# CAT-CHAT

## Vacation Bible School

Family Movie Night: Thurs, July 13  
Free popcorn for VBS participants

Come along on:

### A WILDERNESS ADVENTURE THROUGH THE SACRAMENTS

Jesus in My Heart

Who: Kids in K – Gr 5 this September

When: July 10<sup>th</sup> to 14<sup>th</sup> (2017)

Time: 9:00 am – 12:00 pm

Cost: \$40 per child \$100 per family

Registration Deadline:

Sunday, June 11<sup>th</sup>

For more info, contact Patsy at:

[vbs@holycathedral.ca](mailto:vbs@holycathedral.ca)



CATHEDRAL OF THE  
HOLY FAMILY

*We are Holy Family*

Find out more about Cat.Chat: visit [www.catchat.ca](http://www.catchat.ca)

# VBS 2017 Registration Form

Dates: July 10<sup>th</sup> to 14<sup>th</sup>, 2017  
Time: 9:00am-12:00pm  
Cost: \$40/child \$100/family

## Child's Information (One form per child please)

Name: \_\_\_\_\_

Sex (circle one): M F Age: \_\_\_\_\_ Grade starting in Fall: \_\_\_\_\_ (child must be starting K-5)

Allergies or medical conditions: \_\_\_\_\_

Health Insurance Number (if applicable): \_\_\_\_\_

## Family Information

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Please note: You will be signed up to receive VBS-related emails. You may unsubscribe at any time.

## Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and wellbeing 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 and consent the VBS Team, 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 I or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Cathedral of the Holy Family and the Roman Catholic Diocese of Saskatoon from all manners of actions or 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 or for future advertisement of Parish VBS programs either by way of print or website. Any other use will require further consent.

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

Return completed form to the Cathedral of the Holy Family no later than **Sunday, June 11th, 2017**.

Space is limited and will be allotted on a first come, first served basis. Available space will partially depend on the number of volunteers, and may change over time. You will be contacted via email if and when your child's registration has been accepted.

### PAYMENT INFORMATION

CHILD RATE:  \$40 FAMILY RATE:  \$100

Debit:  Cash:  Chq #: \_\_\_\_\_ MC:  VISA:

