

faith
music
fun
crafts
games
snacks
prizes



Prepare to takeoff on...



Who: Kids in K - Gr 5 this coming Fall

When: July 8th to 12th 2019

Time: 9:00 am - 12:00 pm

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

Registration Deadline: Sunday, June 16th

For more info, contact Patsy at: vbs@holycathedral.ca

VBS 2019 Camper Registration

Dates: July 8th to 12th, 2019
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 Card Number : _____

Preferential placement with peers must be noted here: _____

Family Information

Parent/Guardian Name(s): _____

Address: _____ Email: _____

Phone Home: _____ Work: _____ Cell: _____

For the protection of your children, youth volunteers and all vulnerable persons, the Saskatoon RC Diocesan "Covenant of Care Policy" does require two Adults at each of the five VBS stations each day.

Please choose one (1) of the three (3) options below.

- YES, I CAN** attend VBS as an Adult Station Helper:

_____ or _____
Mon. Tues. Wed. Thurs. Fri.

(Please check the day(s) above you are able to attend)

BABYSITTERS will be provided for pre-school aged children of Parent Helpers:

_____ (Please indicate the **Name/Age** of your pre-school child(ren) who will require babysitters)

- YES, I WILL** bring two dozen nut-free cookies _____ for our Youth Volunteers, on **Monday** morning.
- YES, I WILL** bring _____ watermelon, _____ veggie tray, **or** _____ 2 dozen cookies on **Friday** morning.

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 with payment to the Cathedral of the Holy Family no later than **Sunday, June 16th, 2019**.
Space is limited and will be allotted on a first come, first served basis and will partially depend on the number of volunteers and may change over time.

PAYMENT INFORMATION (for office use only)

CHILD RATE: _____ \$40 FAMILY RATE: _____ \$100
Debit: _____ Cash: _____ Credit: type _____ Chq #: _____
Payment received: _____

