



## 2019 VACATION BIBLE SCHOOL

### Monday-Thursday, June 10-13, 2019 • 9:00am-12:30pm

Roar VBS is a safari adventure where students will learn that God is good and will stay with them forever. Through Bible Lessons, Sports, Games, Arts & Crafts, and Music, children will learn about the goodness of God and our Orthodox faith. On our final day, Thursday, children will perform a brief concert and will have their art projects on display.

**Children age 4 as of June 1, 2019 through 6<sup>th</sup> Grade completed in the 2018-2019 school year are eligible to attend.**

Name of Child	T-Shirt Size	Age	D.O.B.	Last Grade Completed	Allergies/Medical Conditions

**Contact Information:**

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

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

Email: \_\_\_\_\_ Home Parish: \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ (mom/dad)

Emergency Contact Name: \_\_\_\_\_ Cell No. \_\_\_\_\_

**Volunteer Assistance:** Assistance is needed from 8:45am-12:45pm. (Check all that apply)

\_\_\_\_\_ I would like to assist with morning set-up (8:45-9:30am)

\_\_\_\_\_ I would like to help with daily clean-up (12:00pm-12:45pm) (You may specify specific days below)

\_\_\_\_\_ I would like assist the VBS Staff on any or all of the following days (Circle days that apply)

Sun (set up)   
  Mon   
  Tues   
  Wed   
  Thurs

**YOU MUST COMPLETE THE AUTHORIZATION AND MEDICAL CONSENT FORM ON THE BACK**

**Authorized Pick-Up: Please list those who are approved to pick-up your child(ren) from VBS.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent Authorization and Medical Consent**

My child(ren) \_\_\_\_\_ has my permission to participate in the **Vacation Bible School Program June 10-13, 2019** at St. Anthony Orthodox Church. I understand that reasonable precautions will be taken to safeguard his/her health and safety, and that I will be notified as soon as possible in any emergency. Also, I will not hold liable any Orthodox Church, its clergy, Council members, staff, volunteers, The Antiochian Orthodox Christian Archdiocese of North America, nor any individual lending or giving his/her private property to be used in connection with this event, for any illness or accident. If I am unable to be reached, and the occasion demands, I further authorize any treatment and hospital care advisable under the supervision of a licensed medical physician. Such treatment may include x-ray, examination, anesthetic, medical, dental or surgical diagnosis.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Signature: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

**VBS Photograph Release**

I, \_\_\_\_\_ being the legal guardian hereby give consent to and authorize St. Anthony Christian Orthodox Church, its teachers and staff to photograph and use photographs of my child/children \_\_\_\_\_ during V.B.S. to use in weekly e-mail newsletters, publications, or on the parish website, [www.StAnthonytheGreat.org](http://www.StAnthonytheGreat.org)

Please check one box:  YES – I give permission.  NO – I do not give permission.

Parent Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Please register early so we can prepare and provide plenty of snacks and supplies for everyone!**  
*Especially if your child has an allergy.*

**NOTICE OF PAYMENT:**

- Cost per child is **\$30.00**: Forms should be submitted by **Friday, May 31st**. **After May 31st, it is \$35.00.**
- Make checks payable to St. Anthony Church; earmarked "VBS"

**Submit forms to:**

**St. Anthony Orthodox Church, 7202 FM 2920, Spring, TX 77379**  
**OR scan & e-mail [adellawinder@gmail.com](mailto:adellawinder@gmail.com)**