



2018 VACATION BIBLE SCHOOL

Monday-Thursday, June 11-14, 2018 • 9:00am-12:30pm

Learn about TEAM Spirit within the Orthodox Faith! Through Sports, Games, Arts & Crafts, Music, and “Pep Rallies,” children will learn how we are all one body in Christ. On our final day, Thursday, after a pizza party, children will perform a brief concert and will have their art projects on display.

Children age 4 as of September 1, 2018 through 5th Grade completed in the 2017-2018 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 No. _____ Cell No. _____

Emergency Contact Name: _____ Cell No. _____

Home Parish: _____

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

_____ I would like to assist with Arts & Crafts. _____ I would like to help prepare snacks.

_____ 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: _____

Name: _____ Phone: _____ Relationship: _____

Parent Authorization and Medical Consent

My child(ren) _____ has my permission to participate in the **Vacation Bible School Program June 11-14, 2018** 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 newsletters, publications, or on the parish website, 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!

NOTICE OF PAYMENT:

- Cost per child is **\$25.00** – Forms should be submitted by **Friday, June 1st**. After June 1st, 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**