



St. Petronille's

Vacation Bible School

Registration Deadline — June 1

Youth Volunteer Deadline — May 19

Get ready for a vast voyage through God's Word! We'll use a mariner theme to hear God's Word, create crafts, play exciting games, sing songs, and enjoy delicious snacks. The program also provides a unique Catholic perspective: a Catholic saint-of-the-day, Catholic Social Justice awareness, and music created just for Catholic kids.

- **Date:** Monday, June 21, to Friday, June 25, 2010
- **Time:** 9 a.m. to 11:30 a.m.
- **Grades:** Preschool (age 3 by Sept. 1, 2009) through Grade 5 (during the 2009-2010 school year). Grades 4 and 5 complete service projects designed just for them.
- **Cost:** \$25 per student (*No child will be turned away because of inability to pay*)
- **Adult and Youth Volunteers Needed:**
 - Youth: Grade 6 through High School. Volunteer by May 19!
 - Adults and College Students: Mom! Dads! All parishioners! College students too!
- **Volunteers needed for:** Small Group co-leader/helper, Recreation and Crafts leader/helper, Music/Skits, Nursery, Special Needs Buddy, Set up/Clean up, Serve and/or Make Snacks

To register, complete the form below and the permission form attached. Return the forms to the Religious Education Office, 425 Prospect Ave., Suite 108, Glen Ellyn, IL 60137 (858-3796 ext. 4000), no later than Wednesday May 19 for youth volunteers and Tuesday, June 1 for attendees. Ages 3 and 4 will be placed in mixed-aged groups together. Grades Kindergarten through 3rd will be placed in mixed-aged groups together.

Register

Family Name: _____ Registered in Parish: Yes No Parish #: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Family E-mail Address: _____

Father: _____ Cell Phone #: _____

Mother: _____ Cell Phone #: _____

Emergency Contact Person: _____ Phone #: _____ Relationship: _____

Parent Signature: _____ Date: _____

I wish to register the following children:

			Special Needs or Life-threatening allergy?
First Name: _____	Grade in 2009-10 school year (P3-Gr. 5): _____	Child T-Shirt size: S M L	<input type="checkbox"/>
First Name: _____	Grade in 2009-10 school year (P3-Gr. 5): _____	Child T-Shirt size: S M L	<input type="checkbox"/>
First Name: _____	Grade in 2009-10 school year (P3-Gr. 5): _____	Child T-Shirt size: S M L	<input type="checkbox"/>

Also complete the permission/medical release form included in this packet — one form per family.

Cost through Grade 5: \$25/student. Amount enclosed: \$ _____

Adult or College-Age Volunteer

Name: _____ Day Phone: _____ E-mail Address: _____

Address if different than above: _____ City: _____ Zip: _____

Adult College Student *Days Available:* All Week Mon. Tues. Wed. Thurs. Fri.

Adult T-Shirt: [S] [M] [L] [XL] [XXL] [No thanks, got mine from last year!].

If ordering a shirt, please consider donating to us the cost of the shirt (approximately \$6). This will allow us to spend the full registration amount on supplies for the children. Yes, I'll donate. My check or cash is enclosed.

Areas of Interest:

- Preschool Co-leader
- Grades K-3 Co-leader
- Games/Crafts Leader
- Music/Skits Leader
- Planning Preschool activities
- Nursery (infant-2yrs) Leader
- Special Needs Buddy
- Set up / Clean up
- Making Decorations
- Serve Snacks
- Make Snacks (drop them off in the a.m.)
- Assign me anywhere you need help!

Note: Please sign up as leader! Our VBS students are assigned to multi-aged small groups. Ages 3 and 4 will be assigned together, and Kindergarten through 3rd Grade will be assigned together. Older children in the group help the younger children, and younger children are inspired by the older children. Add the teen group helper, and this means that you will have plenty of hands to help you navigate God's Word!

Junior or Senior High VBS Volunteer

Name: _____ Day Phone: _____ E-mail Address: _____

Address if different than family address above: _____ City: _____ Zip: _____

Grade 2009-10 school year: Grade 6 7 8 9 10 11 12

Adult T-Shirt Size (circle one): [S] [M] [L] [XL] [XXL] [No thanks, got mine from last year!]

If ordering a shirt, please consider donating to us the cost of the shirt (approximately \$6). This will allow us to spend the full registration amount on supplies for the children. Yes, I'll donate. My check or cash is enclosed.

I am available every day of the last week of June: Yes (preferred) No. Days not available: _____

I may also be available to help decorate the campus before VBS, so call me to help decorate: : Yes

Areas of Interest:

- Small Group Helper
- Recreation/Crafts
- Music/Skits Helper
- Nursery
- Special Needs Buddy
- Set up / Clean up
- Serve Snacks
- Office Help
- Assign me anywhere you need help!

Volunteer Reminders:

- Junior and Senior High Students – Volunteer by May 19
- All youth volunteers need to complete a VBS Youth Volunteer Permission Form
- All volunteers may need to complete additional diocesan requirements for volunteers working with children. We'll let you know all the details!

All volunteers must be available to attend one of two
VBS Crew meetings held on Wednesday, June 2 (10 a.m. or 7:30 p.m.).

OFFICE USE: Amt. Paid: _____, Check #: _____, Cash: _____, Date: _____, Amt Due: _____

Complete one form per family, please – include nursery babies too.
Youth volunteers, use form on next page. Thank you!

St. Petronille Vacation Bible School
PERMISSION/MEDICAL RELEASE FORM

This form must be completed and returned with your registration form

FAMILY NAME: _____ PARISH NUMBER _____

STUDENTS: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY NUMBER: _____

I grant permission for the administration of first aid to my above named children BY THE PEOPLE IN CHARGE OF **ST. PETRONILLE RELIGIOUS EDUCATION**, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian

Date

Authorized Physician

(_____) _____
Phone Number

IMPORTANT MEDICAL INFORMATION (Allergies, medications, etc).

Prescription drugs need to be given to an adult from the parish for storage and distribution.

MEDICAL INSURANCE

Policy in the Name of: _____ Insurance Company: _____

Policy Number: _____ Identification Number: _____

*Please advise the Religious Education Office immediately of any changes to the above information.

VIDEOTAPING AND STILL PHOTOGRAPHS

Video and still photos will be taken during this event. Event registration constitutes permission for possible participating in the videotape and or in still photographs. These may be used for future promotional efforts.

It is OK to publish photos of my child. Parent/Guardian Signature: _____

Please do not publish photos of my child (include a photo for identification). Parent/Guardian Initials: _____

Complete one form per junior and senior high volunteer. Thank you!
St. Petronille VBS - Youth Volunteer Permission Form

I request that my child, _____, be allowed to participate as a Religious Education Volunteer, located at St. Petronille Parish in Glen Ellyn, IL. I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

FAMILY NAME: _____ PARISH NUMBER _____
ADDRESS: _____ CITY _____ ZIP _____
HOME PHONE: _____ CELL PHONE: _____
EMERGENCY NUMBER: _____

I grant permission for the administration of first aid to my above named children BY THE PEOPLE IN CHARGE OF **ST. PETRONILLE RELIGIOUS EDUCATION**, and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of a medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian

Date

(____)

Authorized Physician

Phone Number

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CODE OF BEHAVIOR

We expect that you will display mature and responsible behaviour. Some Expectations:

- All participants are expected to arrive on time.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverage and/or illegal drug is not permitted including smoking tobacco products.
- Weapons and/or drug paraphernalia are not allowed.
- Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behaviour. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____