



## Church of the Holy Cross Vacation Bible School 2018

Open to Preschool through 5<sup>th</sup> grade (2017 – 2018 school year)

Monday, June 11 to Friday, June 15 from 9:00 a.m. to 12:00 p.m.

Any questions can be directed to Kelsey Corbin at 913-314-7398; [kelsey.l.corbin89@gmail.com](mailto:kelsey.l.corbin89@gmail.com) or the Religious Education Office at 913-381-2755.

### Registration Form

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell, work, or home? \_\_\_\_\_

Secondary Number: \_\_\_\_\_ Cell, work, or home? \_\_\_\_\_

Can cell number receive text messages? Yes  No  Email address: \_\_\_\_\_

<u>Participant's Name</u>	<u>M/F</u>	<u>Age</u>	<u>Grade Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Cost: Early Bird Special** - \$35 for 1 child/\$65 for 2 children/\$90 for 3 or more in the same family

**After May 28, 2018** - \$40 for 1 child/\$70 for 2 children/\$95 for 3 or more in same family

\*\*Scholarships are available in case of need\*\*

Make checks payable to: **Holy Cross Catholic Church – VBS**

**In Case of Emergency:**

Name of contact person: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Receive Texts? Yes  No

**Allergies:** \_\_\_\_\_

**Legal Disclosure**

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 myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, 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. Any other use will require further consent.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return completed forms with payment  
to the Church Office or via “Backpack Mail” to Kelsey Corbin.**

**Payment Calculator:**

<b>A:</b>	Participation:	_____ # _____ \$ _____	(See above pricing)
<b>B:</b>	Music CDs:	_____ # _____ \$ _____	(Optional, \$7.00 ea.)
<b>C:</b>	T-Shirt:	_____ # _____ \$ _____	(Optional, \$6.00 ea.)
		Size(s) _____	
<b>D:</b>	Water Bottle:	_____ # _____ \$ _____	(Optional, \$3.00 ea. <themed>)
	<b>Total:</b>	_____ \$ _____	

**Payment Method:**

- Check –Make checks payable to Holy Cross Church. Write “VBS” on memo line.
- Cash
- Online – Visit [www.HolyCrossOPKS.org](http://www.HolyCrossOPKS.org)