



SAINT JOSEPH COMMUNITY VACATION BIBLE SCHOOL

SUNDAY, AUGUST 1 — THURSDAY, AUGUST 5, 2021

6:00-8:00 P.M. | AT RESURRECTION LUTHERAN

REGISTRATION FORM DUE 7/23/21

For More Information:

Email: stjoecommunityvbs@gmail.com

Facebook: St. Joseph Community VBS

Fees: \$10 per child or \$35 per family.

\$5 late fee per family after July 23.

Checks payable to: Saint Joseph VBS

C/O Resurrection Lutheran Church

PO Box 549

Saint Joseph, MN 56374

Forms are available at:

*CHURCH OF SAINT JOSEPH

*GATEWAY

*RESURRECTION LUTHERAN

***OR ONLINE** by scanning the link below



Family Information

Parent(s)/Guardian(s) Name

Full Mailing Address

City, State, ZIP

Phone

Family Email

Emergency Contact Name

Phone

Worshipping Community

Person Picking Up Children

Photo and Medical Release Information

I grant permission for all photographs taken of my children to be used for crafts, publicity, or advertising for the program. NOTE: it is our policy to never include the names of children with photographs.

Signature

Date

In the event of an emergency, do you give your consent to obtain medical attention we deem necessary?

YES / NO

Signature

Date

We will be following COVID restrictions as put out by the Minnesota Department of Health for youth programming.

Please write your student names below. Circle the grade your student **completed this spring**.
For preschool, please circle the students age.

Student Name _____

Medical/Dietary Restrictions _____



Age 3 Age 4 Age 5 Kindergarten
Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6

Student Name _____

Medical/Dietary Restrictions _____

Age 3 Age 4 Age 5 Kindergarten
Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6

Student Name _____

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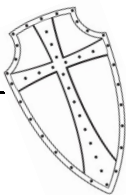
Age 3 Age 4 Age 5 Kindergarten
Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6



Student Name _____

Medical/Dietary Restrictions _____

Age 3 Age 4 Age 5 Kindergarten
Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6



Volunteer Opportunities

I would like to help with:

- Games
 Bible Stories
 Snacks
 Craft
 Music
 Office Helper
 Opening/Closing
 Small Project Helper
 Leader in Training (experienced 6th graders only)
 Pre-K
 Kindergarten
 Grade 1
 Grade 2
 Grade 3
 Grades 4,5,6

OFFICE USE ONLY

PAYMENT:

Cash or Check Number: _____

Remaining Balance: _____

Date: _____

CHECK IN:

CD: _____

NOTES: _____
