

ST. JOHN THE BAPTIST CATHOLIC CHURCH, SAVAGE

VBS Way to Glow!

An electrifying adventure in God's Kingdom

9 a.m. to Noon**

Monday thru Friday

August 10 to August 14

VBS for children Pre-K (4-years old), Kindergarten & Grades 1, 2 & 3 (Fall '09)

SON DAYS for children in Grades 4, 5 & 6 (Fall '09)

****Tuesday & Thursday afternoon options for SON DAYS**

\$40/child fee is for either VBS or Son Days morning & includes official *Way to Glow!* t-shirt, material costs, snacks & crafts!

SON DAYS optional afternoon activities fees are:

\$10/Tuesday afternoon at Feed My Starving children;

\$25/Thursday afternoon at Cascade Bay Water Park

Cost \$40*

Registration Deadline is Monday, July 13, 2009

Teen & Adult Volunteers Needed!

Call (952)890-9434

Way to Glow! An electrifying adventure in God's Kingdom

**Registration Form for
Vacation Bible School (Children Pre-K, Kindergarten, Grades 1, 2 and 3 in Fall '09)
Son Days (Children entering Grades 4, 5 and 6 in Fall '09)
Monday-Friday, August 10-14, 2009**

FAMILY NAME: _____

ADDRESS: _____

PHONE NUMBER(S): Home: _____ **Alternate:** _____
(Please include area code if different than 952)

E-MAIL ADDRESS: _____

CHILD'S NAME <i>(AS IT SHOULD APPEAR ON NAME TAG)</i>	GRADE <i>(FALL 2009)</i>	T-SHIRT SIZE <i>(FOR ALL YOUTH REGISTERED)</i>							SON DAYS OPTION		
		YS	YM	YL	AS	AM	AL	AXL	Other	Tuesday	Thursday

VOLUNTEERS ARE INTEGRAL TO A SUCCESSFUL VBS/SON DAYS EXPERIENCE. CHECK ANY AND ALL OF THE OPPORTUNITIES IN WHICH YOU WOULD LIKE TO VOLUNTEER DURING OUR VBS/SON DAYS WEEK. **PLEASE NOTE THAT "GROUP LEADERS"** SHOULD BE AVAILABLE TO BE WITH THEIR ASSIGNED GROUP OF CHILDREN FOR THE MAJORITY OF THE WEEK.

VOLUNTEER OPPORTUNITY	DAYS AVAILABLE					
	CIRCLE Volunteer T-Shirt Sizes AS AM AL AXL AXXL AXXXL	MON	TUES	WED	TH	FRI
VBS Group Leader (prefer an all-week commitment)						
Son Days Group Leader (prefer an all-week commitment)						
Child Care (provide child care for volunteering adults)						
Scripture Station						
Crafts						
Games/Sports						
Permanent Substitute (on-call volunteer to cover emergencies)						
TEEN VOLUNTEER (Grades 7 & Up) NAME:						
Preferred Assignments (See above listing)						
Choice #1 Assignment:						
Choice #2 Assignment:						



VOLUNTEER CHAPERONES ALSO ARE NEEDED FOR THE SON DAYS OPTIONAL AFTERNOON ACTIVITIES. If you are available to help chaperone either/both of these events, please check below:
 Tuesday "service" event Thursday "fun" event

FEES: \$40/child for VBS morning (9a.m. to Noon) \$40 x _____ = \$ _____
 \$40/child for Son Days morning ONLY (9a.m. to Noon) \$40 x _____ = \$ _____
 \$10/child for Son Days TUESDAY service (Noon to 5 p.m.) \$10 x _____ = \$ _____
 \$25/child for Son Days THURSDAY fun (Noon to 5 p.m.) \$25 x _____ = \$ _____

Son Days chaperones are not charged a fee to participate in any of the Son Days optional events; however, there is a charge (TBA) for siblings attending Cascade Bay Water Park. **Siblings may attend ONLY if their parent has offered to chaperone the event.

Registration Deadline is Monday, July 13, 2009 **TOTAL FEES = \$ _____**
 PLEASE TURN THE PAGE FOR SON DAYS AFTERNOON ACTIVITY PERMISSION SLIP

St. John the Baptist Catholic Church/School

Field Trip

Parental/Guardian Consent Form and Indemnity Agreement

Participant's Name(s): _____ Sex: Male Female

Birth Date(s): _____ E-Mail: _____

Parent/Guardian's Name: _____

Home Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Circle Event(s) that applies to your child(ren): (ONE FORM PER FAMILY)

Date/Type of Event:	Tues, Aug. 11, 2009	Thurs., Aug. 13, 2009
Destination:	Feed My Starving Children	Cascade Bay (Eagan)
Individual(s) In Charge:	Andi Little	Andi Little
Time of departure and return:	12 noon to 5 pm	12 noon to 5 pm
Transportation to and from event:	Bus	Bus
Student Cost if applicable:	\$ 10.00	\$ 25.00

I, _____, grant permission for my child(ren), _____,
(Parent or Guardian's Name) (Child(ren)'s Name)

to participate in the above-named activity and I warrant that my child(ren) is in good health. In consideration of my child(ren)'s participation, I agree to indemnify St. John the Baptist Catholic Church and/or School and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against St. John the Baptist Catholic Church and/or School and the Archdiocese of St. Paul/ Minneapolis by myself, my child(ren) or others, that arises out of any behavior by my child(ren) at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by St. John the Baptist Catholic Church and/or School and the Archdiocese in defense of such a claim/law suit.

Emergency medical treatment: In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

(Name) (Phone)

Optional medical Information:
Medication my child is taking at present: _____
Family Health Plan carrier number: _____
Family Doctor: _____ Phone: _____

As parent or guardian, I agree to all of the above-stated considerations and conditions.
Signature: _____ Date: _____

I can Chaperone _____ phone _____

I have completed St. John's background paperwork and VIRTUS Training. (If not, there are packets available in the Education office).

St. John the Baptist Catholic Church/School

Field Trip

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