

# St. Joseph and St. Agnes Present...



Space is  
limited!

Register  
today!

**August 5-9, 2019**

## **Vacation Bible School for Kids**

**9:30AM—12:30PM (drop off starting at 9:15am)**

**St. Joseph Congregation**

**12130 W. Center Street, Wauwatosa WI 53222**

**Participants:** Children entering K4 -5th Grade in the 2019-2020 School Year

### **Volunteer Opportunities:**

**Youth Crew Leaders:** Students entering 6th grade—College (2019-2020 school year)

**Adult Leaders/Volunteers:** Day Care for children under age 4 will be provided for adult leaders/volunteers.

**Early Bird Registration Cost (by July 1st):** \$30 per child (\$90 family max)

**Registrations received July 2 and after:** \$35/child (\$100 family max)

**NO REGISTRATIONS ACCEPTED AFTER August 1, 2019**

**Return to St. Joseph Christian Formation Offices**  
**no later than July 1 (for early bird discount)**

**Please make checks payable to St. Joseph - in memo write Vacation Bible School**

Any questions? St. Joseph Christian Formation at 414-771-4626

[brookst@archmil.org](mailto:brookst@archmil.org); [lisa@stjoetosa.archmil.org](mailto:lisa@stjoetosa.archmil.org)

or St. Agnes Christian Formation Office at 262-781-6998 [KaiserP@stagnesparish.org](mailto:KaiserP@stagnesparish.org)

# 2019 VBS Parent/Legal Guardian Permission Slip for and Indemnity Agreement

Name of Child 1: \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

Name of Child 2: \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

Name of Child 3: \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

Name of Child 4: \_\_\_\_\_ Grade (2019-2020) \_\_\_\_\_

Parish/School: St. Joseph Congregation City: Wauwatosa, WI

Supervisor: Thadeus Brooks Phone: 414-771-4626 X 108

Parish/School Joining: St. Agnes Congregation, Shelly Fellin

Activity: Vacation Bible School Date: August 5-9, 2019

Mode of Transportation: Parents will transport their own children to and from St. Joseph

Arrival/Pick Up Time: 9:15am to 12:30pm - drop off and pick up east parking lot (Park Dr.), gym entrance

Please Complete Form and Return before: July 1, 2019

Cost: Before July 1: \$30 per child (\$90 family max), July 2 and after \$35.00 per child (\$100 family max)

### Check should be made payable to St. Joseph Congregation

In consideration for my child/ward participation, I agree to reimburse and indemnify parishes for all reasonable legal and court fees incurred by parishes in defending a lawsuit that I or my child/ward may bring against parishes, which relates to the above named activity if it is found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have.

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above:

PARENT/GUARDIAN'S NAME(S): \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pertinent Medical Conditions: \_\_\_\_\_

Inhaler/Epi-Pen Only: My child may carry and self-administer (if applicable please circle) YES NO

Food Allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, what are you allergic to? \_\_\_\_\_

I hereby give my permission to the parishes for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Volunteer Information: (There are no additional fees for youth and adult volunteers)

Youth Crew Leader (Grade Entering Sept 2019) (Circle days available)

Name \_\_\_\_\_ Email \_\_\_\_\_ Grade \_\_\_\_\_ M T W Th F

Name \_\_\_\_\_ Email \_\_\_\_\_ Grade \_\_\_\_\_ M T W Th F

Adult Leader/Volunteer (Circle days available)

Name \_\_\_\_\_ Email \_\_\_\_\_ M T W Th F

Day Care Needed (for children of volunteers only) YES NO

Ages of children for nursery \_\_\_\_\_