**Vacation Bible School 2021**

 **August 16th-20, 9:00-12:00,** Monday-Friday

**Hybrid: 9-10:30 via Zoom from Home**

**10:30-11 Travel to St. John the Baptist Catholic Church**

**11:10-Noon In Person at SJTBCC**

Registration closes: August 6th

For more information contact:

Cathy Olaes at 361-737-8522

Open only to children 3 years old through 6th grade in Fall 2021

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Child’s Name** | **Grade in Fall**  | **Girl or Boy** | **Allergies (e.g. peanuts)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

I give permission for my child’s photo to be taken and used for VBS purposes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sign

Registration fee is $25 per child or $50 per family. Scholarships available.

Registration fee includes a music CD, snacks, crafts and more

|  |  |
| --- | --- |
| Parent’s Name |  |
| Address |  |
| City, Zip |  |
| Phone  |  |
| Parent’s Email |  |

**See Other Side**

**Authorization for Emergency Treatment**

In case of medical emergency, I authorize the directors of St. John the Baptist’s Summer Program to summon emergency medical assistance. I understand that I will be responsible for any professional services rendered.

|  |  |  |
| --- | --- | --- |
| Parent Signature |  | Date |
| Parent Day Phone |  | Phone |
| Emergency Contact  | Name  | Phone  |

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**Volunteer Section**

Yes, I would love to be of assistance with putting materials together for families to take home each day. **Thank you for generously sharing your time.**

|  |  |
| --- | --- |
| Volunteer’s Name |  |
| Phone  |  |
| Email |  |

Yes, I would love to be of assistance with helping set up the environment on the weekend of August 14 & 15th. **Thank you for generously sharing your time.**

|  |  |
| --- | --- |
| Volunteer’s Name |  |
| Phone  |  |
| Email |  |

