

SUMMER VACATION BIBLE SCHOOL REGISTRATION 2008



HOSTED BY THE CATHOLIC COMMUNITY OF PLEASANTON

WHEN: JUNE 23 – 27, 2008

Session 1: 8:30-11:30am or Session 2: 1:30- 4:30pm
FRIDAY NIGHT FAMILY BUNSEN BURNER BBQ - 5:30pm

WHERE: ST. AUGUSTINE HALL, 3999 Bernal Ave., Pleasanton, CA

WHO: CHILDREN CURRENTLY IN GRADES K- 5 (school year '07-'08)
Preschool offered (age 4 by July 1st) –limited space
Free childcare (3years and under) in hall while parents are helping.

WHAT: WE WILL HAVE AN ELECTRIFYING TIME LEARNING ABOUT GOD'S LOVE THRU BIBLE BLAST ADVENTURES, HYPERSPEED GAMES, WACKY WORK CRAFTS, SUPER SONIC MUSIC, EXPLOSIVE SKITS, TEST TUBE TREATS AND MORE!

FEE: \$50.00 per child (\$125 maximum per family)

To register, please complete all pages attached including emergency information and Permission Form. Return all forms and **check payment to CCOP VBS** to:

CCOP FAITH FORMATION OFFICE
Attn: Sharon Hanson
3999 Bernal Ave.
Pleasanton, CA 94566

If there is financial hardship, please check box on form. No child will be turned away for financial reasons. We will contact you regarding assistance.

Enrollment is on a first-come/first-serve basis. Confirmations will be mailed or emailed as soon as registration is received.

FORMS MUST BE POSTMARKED NO LATER THAN MAY 15TH.
Space is Limited so register NOW to not miss out on the fun!!

QUESTIONS?? Please call Sharon, VBS Registrar at 846-3531 or Michael Gallagher, VBS Coordinator at 200-5566. We look forward to seeing you at the LAB for an Electrifying time!!!

2008 VBS REGISTRATION FORM
PLEASE COMPLETE ALL 3 PAGES OF THIS FORM
ONE FORM PER FAMILY

PARTICIPANTS' INFORMATION

(Please print clearly and use the name your child likes to go by.)

1. **Name:** _____ **Date of birth:** _____
 Grade *as of 4/1/08*: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

2. **Name:** _____ **Date of birth:** _____
 Grade *as of 4/1/08*: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

3. **Name:** _____ **Date of birth:** _____
 Grade *as of 4/1/08*: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

4. **Name:** _____ **Date of birth:** _____
 Grade *as of 4/1/08*: _____ **Shirt Size** (check one)*: S M L XL **Gender** (check one): F M
ONE friend to partner with this child (optional): _____

Which session would you prefer? (check one) AM Session PM Session Either
 (If session you requested is no longer available, we will contact you to see if the other session could work).

***Shirt Sizes are: S (6-8), M (10-12), L (14-16), XL (18-20) (Please allow for shrinkage)**

PARENTS'/GUARDIANS' INFORMATION

E-mail address (PLEASE PROVIDE): _____

Mother's Name:	Home Ph #:
Mother's Address:	Work/Cell Ph #:
Father's Name:	Home Ph #:
Father's Address:	Work/Cell Ph #:

OTHER INFORMATION

YES!!! I would like to volunteer to help with VBS!
 I'd like to help with the following (Please indicate 1st, 2nd
 and 3rd choices):

_____ Chadder's Theater	_____ Bible Adventures
_____ Games	_____ Childcare
_____ Crafts	_____ Fri. Night BBQ
_____ Snacks	_____ Adult Crew Leader
_____ Decorations	_____ Other
_____ Preschool	

No. I'm sorry, I can't help with VBS

* Total fee enclosed: \$_____ (\$50 per child with \$125 per family maximum)
Make checks payable to CCOP VBS. May be post-dated up to May 15.

* Financial hardship? YES NO
 (No one will be turned away for financial reasons).

* Number of family members attending Friday night BBQ (tix will be on sale at beginning of VBS) _____

SPACE IS LIMITED SO REGISTER EARLY!!!

Confirmation of enrollment will be emailed to you upon receipt of registration. Don't forget to provide email address!

Mail forms to:

CCOP FAITH FORMATION OFFICE

Attn: Sharon Hanson

3999 Bernal Ave.

Pleasanton, CA 94566

Diocese of Oakland
Office of Youth and Young Adult Ministry
PARENTAL PERMISSION, HEALTH AUTHORIZATION & RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

Child(ren)'s Name(s) _____ Parish _____

Address _____ Phone _____
(street, city, zip)

School(s) _____ Grade(s) _____ Birth Date(s) _____

Parent/Guardian's Name(s) _____ Home Phone _____

Address _____ Work Phone _____

Pager, Cell or other number _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

Family Physician _____ Address _____

Phone _____

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

Has your child had difficulty with the following (circle all that apply):

Asthma	Fainting Spells	Convulsions	Diabetes	Heart	Eyes
Ears	Nose	Throat	Lungs	Digestion	
Menstrual Problems		Other _____			

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medication? No Yes, List _____

State the date of your child's last physical examination: _____

(COMPLETE BACK OF FORM)

**PARENTAL PERMISSION AND ACKNOWLEDGEMENT OF
Conditions for Participation in Program**

I/we, parent(s) or authorized guardian of the child(ren) named above give permission for his/her participation in the **Vacation Bible School Program (June 23-27, 2008) at St. Augustine's Hall, Pleasanton, CA**, and all related activities.

1. I/we agree to direct my/our child(ren) to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
2. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
3. I/we understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above. Needs to be signed by at least one Parent or Guardian.

_____ Date _____
Signature of Parent or Guardian

_____ Date _____
Signature of Parent or Guardian