



Sacred Heart Parish - VACATION BIBLE SCHOOL

This Catholic VBS is called The Marvelous Mystery of the Mass! Your kids will be immersed in the greatest mystery on earth as they spend a week learning about the incredible treasure of the Mass. 100% Catholic VBS - Empowering today's kids with ROCK solid Catholic doctrine!

June 13 – June 17, 2022 Mon-Thursday 9-12 Friday 7:45-2
Ages: 4 year old (as of Sept. 1, 2021) up to completed 12th graders
Cost: \$20.00 per student (includes T-shirt)

(Make check payable to Sacred Heart VBS)

Registration Deadline: May 20th, 2022

Please register now to help with ordering of supplies!

Name: _____ Birth Date: _____

Age: _____ **Must be 4 years old on or before Sept. 1, 2021 to attend.** Gender: M or F

Grade Completed as of May, 2022: _____ Church Affiliation: _____

Parent(s) Name: _____ Cell Phone: _____

Address: _____

In case of an emergency, list two ways to contact parents or sitter:

1. _____ Phone: _____

2. _____ Phone: _____

Allergic Reactions: _____

Siblings also attending VBS: _____

**Please give the name of one friend in your grade that you would like to be placed with.

Let them know you are naming them so they can name you as well. I'll do my best to place you together. _____

***** Shirt size: YXS YS YM YL AS AM AL AXL

☺ Shirts will be screen printed with theme &

the students will decorate them during craft time. *****

Do you have a special talent? That God given gift. We could use you! PLEASE VOLUNTEER!!

Name of Volunteer: _____

Yes, I would like to volunteer my services to _____ lead a Station, _____ be a teacher's aide,
_____ lead the music, _____ decorations, _____ be a crew leader, _____ take pictures/video.

Return this form and registration fee to: Sacred Heart Rectory

Before May 20, 2022

Attn: VBS

P.O. Box H

Hallettsville, TX 77964

You may drop your child off at the Cafeteria each morning no earlier than 8:45 and pick him/her up from the Cafeteria at noon. You are welcome to join us for praise music and the final wrap up show each day at 11:40. Friday we will begin the day with Mass and end the celebration with lunch and games. Pick-up time will be at 2PM Friday ONLY. Please come Friday at 1:30 for music and awards!

*For more information or to volunteer, please call Angela McConnell at 798-3124 or cell 741-8730.

See back for Permission Form!!- A parent's signature is required.

Sacred Heart Catholic Church, Hallettsville, Texas
PERMISSION FORM/MEDICAL RELEASE

NAME of Participant: _____

I hereby consent to participation by my son/daughter, _____, in Vacation Bible School activities from June 13-June 17, 2022 sponsored by Sacred Heart Catholic Church. I understand that my son/daughter will be under supervision of parish personnel, volunteers and trained youth. As parent or legal guardian I agree to defend, indemnify and hold harmless Sacred Heart Catholic Church and the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from any claims, cost or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during transport to and from the event.

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine non-surgical medical care to be given to my son/daughter if deemed advisable by the supervising CCD personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

_____*(please initial for consent)* **Photo Disclaimer:** I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo maybe published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum. A picture will be taken a craft momento.

_____*(please initial for consent)* **Alternate Ride:** I give permission for my son/daughter to be picked up/or ride home with _____ on Monday, Tuesday, Wednesday, Thursday, Friday (circle all that apply) in case I am not available.

Date Parent/Legal Guardian's Signature Phone #

Family Physician _____ Phone _____

Address _____ City/State/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Last immunization/booster for Diptheria/Tetanus: _____

Any specific medical problems: _____

Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Relation _____ Phone _____ Cell Phone _____

Name of Insurance Company _____ Phone _____

Address _____ City/State/Zip _____

Name of Insured _____ Policy # _____ Group/Plan # _____