




High Seas Expedition

Vacation Bible School 2010

Sunday, July 12th through Friday, July 16th

Schedule

For	Sunday July 11th	Monday July 12th	Tuesday July 13th	Wednesday July 14th	Thursday July 15th	Friday July 16th
Pre's & K's	BBQ Potluck 12 noon-2 p.m. 	VBS 9:00 a.m. – 11:30 a.m.	VBS 9:00 a.m. – 11:30 a.m.	VBS 9:00 a.m. – 11:30 a.m.	VBS 9:00 a.m. – 11:30 a.m.	VBS 9:00 a.m. – 11:45 a.m. Lunch & Final Program 12:00 noon to 1:30 p.m.
1 st through 5 th Grade	BBQ Potluck 12 noon-2 p.m.	VBS 9:00 a.m. – 3:00 p.m.	VBS 9:00 a.m. – 3:00 p.m.	VBS 9:00 a.m. – 3:00 p.m.	VBS 9:00 a.m. – 3:00 p.m.	VBS 9:00 a.m. – 11:45 a.m. Lunch & Final Program 12:00 noon to 1:30 p.m.

Cost: Registration Covers: Faith-Filled Fun, T-Shirt, Crafts, Snacks, and Lunch each day for the 1-5th graders

Early Registration: Pre-Kindergarten: Cost \$30.00 per child.
First -Fifth Grade: Cost \$55.00 per child/Family Max \$120.00

After May 14, 2010: Pre-Kindergarten: Cost \$60.00 per child
First-Fifth Grade: Cost \$85.00 per child/Family Max \$175.00

I would like a copy of High Sea's Sing/Play and Splash Music CD \$7

No child will be turned away – Scholarships are available

Note: Please do not send lunch or snacks with your child unless prior approval with Valerie.

**For questions, contact Valerie at the Faith Formation Office:
695-1366 x 301**

(Please do not turn this page in with your registration. Keep for future reference)





**Our Lady of Lourdes
Vacation Bible School 2010
Registration Information**

Grade: _____

T-Shirt: _____

Allergies: _____

Sandwich: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Date of Birth: _____

Email address: _____

Grade going into in September 2010:

Pre 3 Pre 4 K 1 2 3 4 5

T-Shirt Sizes for the Kids:

Youth (6-8) (10-12) (14-16) (18-20) Adult Large Adult XL

T-Shirt Sizes for the Adult Volunteers:

Adult Med Large XL 1X 2X 3X

Parent/Guardian's Name: _____

Cell Phone: () _____ Number during VBS: () _____

If parent/guardian cannot be reached, please notify the following person who will provide transportation, if necessary:

1. _____
Name Relationship Phone Cell Phone

2. _____
Name Relationship Phone Cell Phone

Going home with person other than parent/guardian:

Name: _____ Phone number: () _____



**Our Lady of Lourdes
Vacation Bible School 2010
Registration Information**

Family Physician: _____ Phone: () _____

Dentist: _____ Phone: () _____

Student is allergic to: _____

Medical Insurance Company: _____ Insurance ID#: _____

Preferred Hospital: _____

If a Kaiser patient, and it is needed, I agree to have my child taken to the closest hospital

Yes

No

Important Medical/Personal Information

Please make us aware of any special medical or developmental needs your child may have so that we may best meet their needs. This could include allergies, short attention span, seizures, motor skills, special medication needs, and dietary restrictions:

Is there anything that your child is sensitive to that we should be aware of?



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Vacation Bible School 2010
Registration Information**

I request that Valerie Scott of the Faith Formation office act in the best medical interest of my child. I understand that if an Emergency should occur and the staff cannot take care of it, 911 will be contacted and every effort will be made to contact the parent. I agree to assume all responsibility for the transportation of, and any and all needed medical treatment that my child may need, based on the medical judgment of the attending physician.

Signature of Parent-Guardian

Date

Names and grade of siblings attending:

Name	Grade

Sandwich choice for Friday's Lunch for all kids: PBJ Turkey Ham Cheese

Can you help with/donate special snacks for our volunteers the week of VBS?

Is there another way you might be able to help with VBS?

Date received: _____

Cash/check #: _____

CD/T-Shirt given to family: _____

Stay/Go: _____