



ST. HELEN VACATION BIBLE SCHOOL 2019

DATE: June 17th -21st

TIME: 9:00am-12:00pm

PLACE: St. Helen (indoor/outdoor)

WHO: Grades K-5 for the 2019-2020 school year

COST: \$35 (due by May 31st)

Cost is per student & includes T-shirt, snacks, crafts, supplies. For families with 4 or more children, the 4th child is free.

Please return all forms/money (**By May 31st**) to St. Helen church or school office
Attn: Maria Flauto VBS

Dear Vacation Bible School Director:

I, _____ am the _____ of _____
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, etc) (Student(s) Names)

a participant in St. Helen Vacation Bible School. I hereby request permission for the above-named child/children to attend Bible School June 17th -21st from 9:00am to 12:00pm each day and I consent to the child's participation. I understand that I must provide transportation to and from the church for my child. I hereby assume all risks in connection with Bible School and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Helen Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in Bible School including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child/children. I understand I have the opportunity to call Maria Flauto 440-564-7125 and ask her about Vacation Bible School.

Signature of parent/guardian _____

T- Shirt sizes XS= 2-4 S=6-8 M=10-12 L=14-16 Adult Small

Name _____ Grade (in the fall) _____ T-shirt Size _____

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Contact in case of emergency: Name _____ Phone # (____) _____

Home Phone #(____) _____ Cell #_(____) _____

E-mail address (Please Provide: This is how I will communicate with you)

Please list any health problems/food allergies etc that you think we should know about (Confidential)

Method of payment _____ Cash _____ Check # _____ Please make check payable to St. Helen Church

Total Amount Paid _____