

17 May 2021

Dear VBS registrant:

Welcome back to Vacation Bible School! My name is Samantha Dresen, and I started my position as the Director of Faith Formation at St. John Vianney in September of 2020. I look forward to meeting many more of you this Summer!

VBS will take place **July 12-16 from 10:30 a.m.-1:30 p.m.** in the school building and parish hall. The cost of the program is \$40 per child. Attached you will find the registration packet: the registration form, medical release, and volunteer application form if you would like to help with the program. Please note that **if we do not have enough participants and/or volunteers we will cancel the program and refund your money.**

**Adaptations we are making in light of the on-going COVID-19 pandemic:**

- We are limiting enrollment to the first 40 rising K-5 grade students to stay within the reduced capacity limitations. The number of youth volunteers, rising 6-12 grade students, will also be limited. We will not offer PreK this year.
- The opening and closing sessions will take place within your child's cohort in their assigned "homeroom." Your child will be assigned the same room for the week where you will sign them in and out each day.
- Masks are to be worn and temperatures will be taken at check-in.
- Participants will bring their own lunch or snack for the mid-day break, and container of water.

Please let me know if you have any questions or if I can assist you in any way.

God bless,

**Samantha Dresen**

Director of Faith Formation

727-360-1147 ext. 201

[sdresen@sjvcc.org](mailto:sdresen@sjvcc.org)

St. John Vianney Catholic Church, St. Pete Beach, FL  
Vacation Bible School Participant Registration Form 2021

- 1) Rising Grades in August 2021, K-5th may register for VBS.
- 2) Up to 5 children with the same last name, parents/guardians, and information requested on the form may be listed on one registration form. A second form is required when registering 6+ children with the same last name, parents/guardians, and information requested on the form **OR** when children being registered have **one or all** of the following are differences: 1) last name, 2) parents/guardians, 3) any requested information.
- 3) **Please PRINT neatly and legibly.** If we cannot read phone numbers or emails, we cannot contact you.
- 4) See VBS Packet for more details and instructions.

**FAMILY INFORMATION** (information provided in Family Information Section below is *same* for all children on this form)

FAMILY LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PARISH:

SCHOOL:

EMAIL FOR VBS COMMUNICATION:

**CHILD PARTICIPANT #1 INFORMATION**

FIRST NAME:

NICKNAME:

GRADE AUGUST 2021:

MALE  FEMALE

T-SHIRT SIZE:

YXS  YS  YM  YL  AS  AM  AL

LIST ALL ALLERGIES & MEDICAL ISSUES BELOW THAT WE SHOULD BE MADE AWARE OF WHILE YOUR CHILD ATTENDS VBS:

**CHILD PARTICIPANT #2 INFORMATION**

FIRST NAME:

NICKNAME:

GRADE AUGUST 2021:

MALE  FEMALE

T-SHIRT SIZE:

YXS  YS  YM  YL  AS  AM  AL

LIST ALL ALLERGIES & MEDICAL ISSUES BELOW THAT WE SHOULD BE MADE AWARE OF WHILE YOUR CHILD ATTENDS VBS:

**CHILD PARTICIPANT #3 INFORMATION**

FIRST NAME:

NICKNAME:

GRADE AUGUST 2021:

MALE  FEMALE

T-SHIRT SIZE:

YXS  YS  YM  YL  AS  AM  AL

LIST ALL ALLERGIES & MEDICAL ISSUES BELOW THAT WE SHOULD BE MADE AWARE OF WHILE YOUR CHILD ATTENDS VBS:

Please answer the following questions:

1) Is there anyone that does NOT have permission to pick up your child(ren)? \_\_\_ YES    \_\_\_ NO

If yes, list their name here: (list add'l names on back of this page) First: \_\_\_\_\_ Last: \_\_\_\_\_

2) Do we have permission to photograph your child(ren)? Photos may be used in daily slideshows & various VBS marketing media including emails, posters, website, & Facebook. \_\_\_ YES    \_\_\_ NO

**FEES**

VBS is a non-profit ministry. Registration fees provide each participant with a T-shirt, Station Supplies, Take-Home Keepsakes and Decorations. We are limited to 40 Elementary and participants. Seats are filled on a first come basis. Fees are payable via WeShare, Cash, Credit Card or Check. Make checks payable to St. John Vianney MEMO: VBS. See VBS Information Packet for complete details.

	\$/Child	# Children Registering (on this form)	Total Due
	\$40 ea.	x _____ =	\$
<b>Total Due Registration Fee + CD Fee</b>			<b>\$</b>

**NOTE:** All forms and fees need to be hand delivered or mailed to the Church Office in the 9" x 12", Pre-addressed envelope. See Page 1 of the VBS Information Packet included with this form for instructions of where and how to submit your registration fees and forms.

I, \_\_\_\_\_ (First, Last Name Parent/Guardian), give permission for my child(ren); \_\_\_\_\_ to attend VBS at St. John Vianney Catholic Church and verify that all information provided on this form is so to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Received By:		Delivery Method:	___ Drop Off	___ Mail
Med. Release/EMS Form: Rec'd	___ YES ___ NO	___ Not Notarized	Drop Off Date:	Post Mark Date:
Amount Fee Received:	\$ _____	Method of Pynt:	___ CASH ___ CREDIT ___ CHECK# _____	

**Medical Release & Emergency Contact (MR & EC) Form**

1) Up to 4 children with the same last name and Medical Release & Emergency Contact Form (MR & EC) information may be listed on one MR & EC form. A second MR & EC form is required when registering 5+ Children with the same last name OR when two or more children being registered have any differences in last names and/or MR & EC form information.

2) Please **PRINT** neatly and legibly.

3) This form must be notarized. The form must be signed in the presence of the notary. A state picture ID is required for notarization.

4) See the VBS Information packet for complete instructions.

**FAMILY INFORMATION** (information provided in this section below is same for all children on this form)

FAMILY LAST NAME

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

**CHILD PARTICIPANT #1 INFORMATION**

FIRST NAME:

DATE OF BIRTH:

ALLERGIES

MEDICAL CONDITIONS

MEDICINES ROUTINELY TAKEN

COMMENTS

**CHILD PARTICIPANT #2 INFORMATION**

FIRST NAME:

DATE OF BIRTH:

ALLERGIES

MEDICAL CONDITIONS

MEDICINES ROUTINELY TAKEN

COMMENTS

**CHILD PARTICIPANT #3 INFORMATION**

FIRST NAME:

DATE OF BIRTH:

ALLERGIES

MEDICAL CONDITIONS

MEDICINES ROUTINELY TAKEN

COMMENTS

**CHILD PARTICIPANT #4 INFORMATION**

FIRST NAME:

DATE OF BIRTH:

ALLERGIES

MEDICAL CONDITIONS

MEDICINES ROUTINELY TAKEN

COMMENTS

**HOSPITAL PREFERENCE**

NAME:

CITY:

**FAMILY PHYSICIAN - HEALTH CARE RESOURCE**

NAME:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

**DENTAL PHYSICIAN - RESOURCE**

NAME:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

**MEDICAL - DENTAL INSURANCE COMPANY - RESOURCE**

NAME:

EXP. DATE:

POLICY ID:

GROUP NO:

POLICY  
HOLDER:

EXP. DATE:

**FOR NOTARY ONLY. SIGN IN THE PRESENCE OF THE NOTARY**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child(ren)

\_\_\_\_\_,  
(Child 1 Full Name)

\_\_\_\_\_,  
(Child 2 Full Name)

\_\_\_\_\_,  
(Child 3 Full Name)

\_\_\_\_\_,  
(Child 4 Full Name)

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF:

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_

(Month)

(Day)

(Year)

by \_\_\_\_\_, who is personally known to me or has produced

\_\_\_\_\_ as identification.

(Type of Identification)

**SEAL OF NOTARY**

**SIGNED:**

(Signature of Notary)

# St. John Vianney Catholic Church Vacation Bible School Youth Volunteer Application Form 2021

**\*\*\*ALL FORMS DUE INTO CHURCH OFFICE (ONLY) By June 12, 2021**

Thank you for your interests in sharing your time and talent this summer at St. John's Vacation Bible School. Youth entering grades 6 -12 in August of 2021 may apply to be a volunteer. Positions are limited, filled on a first-come-basis, experience, grade, and at the discretion of the VBS Director. Applicants under the age of 18 years old must have their applications completed and signed by their legal parent/guardian. \*Applicants 18 years old, during July 12-16, must be certified in Safe Environment Training and have a Level II Background Check completed in order to volunteer. Certification Training and Level II will be provided at no cost to the volunteer. Contact the VBS Director, Samantha Dresen at sdresen@sjvcc.ort or call 727.360.1147, ext. 201 for more details.

## APPLICANT INFORMATION

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>STREET ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>PARISH:</b>		<b>SCHOOL:</b>	
<b>EMAIL FOR VBS COMMUNICATION:</b>			<b>Date of Birth:</b>
<b>GRADE AUGUST 2021:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>T-SHIRT SIZE:</b> __ YM __ YL __ AS __ AM __ AL __ AXL __ AXXL	
<b>CELL PHONE NO:</b>		<b>HOME PHONE NO:</b>	

## CUSTODIAL PARENT- LEGAL GUARDIAN #1 INFORMATION

<b>FIRST NAME:</b>		<b>LAST NAME:</b>	
<b>STREET ADDRESS (IF DIFFERENT FROM APPLICANT):</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>HOME PHONE:</b>		<b>CELL PHONE:</b>	
<b>WORK PHONE:</b>		<b>CUSTODY OF CHILDREN</b> __ FULLTIME __ PART-TIME	

## CUSTODIAL PARENT- LEGAL GUARDIAN #2 INFORMATION

<b>FIRST NAME:</b>		<b>LAST NAME:</b>	
<b>STREET ADDRESS (IF DIFFERENT FROM APPLICANT):</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>HOME PHONE:</b>		<b>CELL PHONE:</b>	
<b>WORK PHONE:</b>		<b>CUSTODY OF CHILDREN:</b> __ FULL-TIME __ PART-TIME	

**PARENT/GUARDIAN EMAIL TO BE USED FOR VBS COMMUNICATION:**

Do we have permission to photograph your child(ren)? Photos may be used in daily slideshow & various VBS marketing media including emails, posters, website, & Facebook. \_\_ Yes \_\_ No