

St. Agnes K4J VBS



July 25-29, 2011 9:00 a.m.-12:00 Noon

High School Guide Registration Form

Name: _____ Home Phone: _____

Parents' names: _____

Address: _____

Email: _____ Cell Phone: _____

School and Grade in September, 2011: _____ Parish: _____

I can help in the following way(s):

- K4J Team Leader** (age 4-5 or Gr. 1-4 children) **Skits** **Decorations**
- Station Leader** (check one): Crafts; Games; Music/Prayer;
- Station Assistant** (check one): Crafts; Games; Music/Prayer; Missionaries; Snack
- Coordinating youth helpers** (Captains) **Babysitting** (for volunteers' children)

I can help: **Every day** (Mon-Fri, July 25-29) _____ **Only the following day(s)** _____

Parental permission: I give my permission for my child (named above) to participate in the K4J VBS at St. Agnes Catholic Church. I will not hold St. Agnes Church, its employees or volunteers responsible if an accident should occur.

If an emergency arises regarding my child, I give my permission for medical care or treatment. My medical insurance coverage and number is _____

Signature of Parent/Guardian _____ Date _____

Emergency contact: Name _____ Phone number _____

Registration & materials fee: \$15

Please return completed form and check (made payable to **St. Agnes Parish** with VBS noted on the memo line) to:
K4J VBS, St. Agnes Parish, Religious Education Office, 1910 N. Randolph St., Arlington, VA, 22207.

Questions: Kathryn Foley at 703-243-3238 or stagnesvbs@verizon.net.