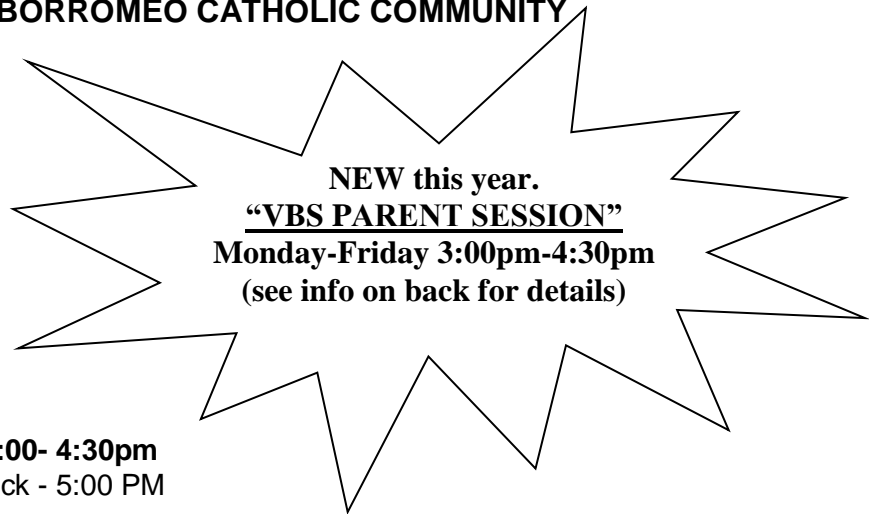


**VACATION BIBLE SCHOOL REGISTRATION 2017**  
**HOSTED BY ST. CHARLES BORROMEIO CATHOLIC COMMUNITY**



**WHEN:** JUNE 19th – 23rd, 2017, 1:00- 4:30pm  
FRIDAY NIGHT BBQ- Potluck - 5:00 PM

**WHERE:** ST. CHARLES BORROMEIO, 1315 Lomitas Ave., Livermore, CA

**WHO:** CHILDREN CURRENTLY IN GRADES K-5 (school year 2016-2017)  
Free childcare (4 years and under) in child care room for parents who are helping/working with VBS.

**WHAT:** This summer at **Maker Fun Factory**, kids will learn that they are *wonderfully* made by God and that He has great plans for all of us! This action-filled week is packed with Bible Discovery, Game Makers, Imagination Station, Sound Wave Sing and Play, Snack Factory, KidVid Cinema and much, much more. Don't miss this "Built for Fun" Factory! Register beginning April 1<sup>st</sup> to May 15th to be a part of this VBS.

**FEE:** \$55.00 per child for Registered Parishioners  
\$60.00 per child for Non-Registered Families  
(Fee Includes: VBS CD, T-shirt, snacks, crafts and FUN!!)

To register, please complete all pages attached including emergency information and Permission Form. Return all forms and **check payment to St. Charles Borromeo: memo - VBS**

**ST. CHARLES BORROMEIO VBS**  
1315 Lomitas Ave.  
Livermore, CA 94550

If there is financial hardship, please check box on form. No child will be turned away for financial reasons. We will contact you regarding assistance. Enrollment is on a first-come/first-serve basis. Confirmations will be mailed or emailed as soon as registration is received.

**FORMS MUST BE POSTMARKED NO LATER THAN May 15, 2017.**  
**Don't miss out on the fun...space is limited so register NOW!!**

**QUESTIONS??** Please call Margaret Riley or Carmela at 447-4549 x115.  
We look forward to Discovering Jesus' Light and Love with you. Hope you can join us!!

**ALL ARE WELCOME!**

# **VBS PARENT SESSION**



**WHEN:** JUNE 19th – 22nd, 2017, 3:00- 4:30pm  
JUNE 23rd, 2017, 3:00- 4:45pm  
FRIDAY NIGHT BBQ- Potluck - 5:00 PM

**WHERE:** ST. CHARLES BORROMEO – in the CHURCH

**WHO:** PARENTS / GRANDPARENTS of kid(s) registered in VBS

**WHAT:** This summer, while the children are enjoying the wild and wonderful experience of VBS, parents are invited to gather for their own experience of the VBS theme “Created by God, made for a purpose”. Given the realities of family life, parents face great challenges when it comes to creating a family that feels God’s love and presence, and follows the path to finding their purpose.

For these sessions, parents will use the Gallup Strengthsfinder, along with the scriptures used in the children’s sessions, to identify their specific talents, explore how these God-given talents show up in every aspect of life, guide us towards our purpose, and strengthen our family.

**FEE:** \$20.00 per adult

-----  
***Please fill out if you intend to participate:***

1. Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_

# ST. CHARLES 2017 VBS “Maker Fun Factory” REGISTRATION FORM

## PLEASE COMPLETE ALL 3 PAGES OF THIS FORM

### ONE FORM PER FAMILY

#### PARTICIPANT’S INFORMATION

(Please print clearly and use the name that your child likes to go by.)

1. **Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
**Grade** as of 4/1/17: \_\_\_\_\_ **Shirt Size** (check one)\*:  S  M  L  XL **Gender** (check one):  F  M  
**ONE** friend to partner with this child (optional): \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
**Grade** as of 4/1/17: \_\_\_\_\_ **Shirt Size** (check one)\*:  S  M  L  XL **Gender** (check one):  F  M  
**ONE** friend to partner with this child (optional): \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
**Grade** as of 4/1/17: \_\_\_\_\_ **Shirt Size** (check one)\*:  S  M  L  XL **Gender** (check one):  F  M  
**ONE** friend to partner with this child (optional): \_\_\_\_\_

4. **Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
**Grade** as of 4/1/17: \_\_\_\_\_ **Shirt Size** (check one)\*:  S  M  L  XL **Gender** (check one):  F  M  
**ONE** friend to partner with this child (optional): \_\_\_\_\_

**\*Shirt Sizes are: S (6-8), M (10-12), L (14-16), XL (18-20) (Please allow for shrinkage)**

#### PARENTS’ / GUARDIANS’ INFORMATION

|                          |                       |
|--------------------------|-----------------------|
| <b>Mother’s Name:</b>    | <b>Home Ph#:</b>      |
| <b>Mother’s Address:</b> | <b>Work/Cell Ph#:</b> |
| <b>Father’s Name:</b>    | <b>Home Ph#:</b>      |
| <b>Father’s Address:</b> | <b>Work/Cell Ph#:</b> |

**EMAIL:** (Please provide email address for VBS info): \_\_\_\_\_

#### OTHER INFORMATION

**YES!!!** I would like to volunteer to help with VBS!  
I’d like to help with the following (Please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices):

\_\_\_\_\_ Game Makers      \_\_\_\_\_ Bible Discovery  
\_\_\_\_\_ Childcare      \_\_\_\_\_ Clean-up crew  
\_\_\_\_\_ Decorations      \_\_\_\_\_ Friday BBQ  
\_\_\_\_\_ Adult Group Leader  
\_\_\_\_\_ Snacks (for Volunteers)  
\_\_\_\_\_ Other(s)  
\_\_\_\_\_ No. I’m sorry, I can’t help with VBS

Total fee enclosed: \$ \_\_\_\_\_  
(\$55 reg. / \$60 non-reg.) per child  
**Make checks payable to St. Charles; memo - VBS. May be post-dated up to May 15, 2017.**

\* Financial hardship?  YES  NO  
(No one will be turned away for financial reasons).  
We will ask you to volunteer some time.

**\* Number of family members attending Friday BBQ Potluck** \_\_\_\_\_

**SPACE IS LIMITED SO REGISTER EARLY!!!**  
**Confirmation of enrollment will be emailed to you. Don’t forget to provide email address!**

Mail forms to:  
**St. Charles Borromeo VBS**  
**1315 Lomas Ave.**  
**Livermore, CA 94550**

**Diocese of Oakland**  
**Faith Formation Program 2017**  
**Parental Permission, Health Authorization, Release Form**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Child #2 \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Child #3 \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Child #4 \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

Person other than parents authorized to be notified and/or to pick up my/our child/(ren) in case of emergency:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

**HEALTH AND MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan # \_\_\_\_\_ Group \_\_\_\_\_

In the event we cannot be reached in an emergency, I/We give permission for my child/(ren)/s teacher/adult leader to authorize by his/her signature whatever medical treatment may be necessary by the attending physician for my/our child(ren).

Yes \_\_\_\_\_ No \_\_\_\_\_

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_

Does any child have a medical problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Child \_\_\_\_\_

Nature of medical problem \_\_\_\_\_

Does any child have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Child \_\_\_\_\_

Nature of disability \_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

- |           |                    |             |          |       |
|-----------|--------------------|-------------|----------|-------|
| Asthma    | Fainting Spells    | Convulsions | Diabetes | Heart |
| Eyes      | Ears               | Nose        | Throat   | Lungs |
| Digestion | Menstrual Problems | Other _____ |          |       |

**LIST any FOOD ALLERGIES** \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

Allergy or reaction to any medication? No \_\_\_\_\_ Yes, List \_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**(COMPLETE BACK OF FORM)**

**Diocese of Oakland**  
**St. Charles Faith Formation Program 2017**

**Parental Permission and Acknowledgement of Conditions  
for Participation in Program**

1. I/we, parent(s) or authorized guardian(s) of the child named above give permission for his/her participation in **Faith Formation K-5 – VBS 2017 Program at St. Charles Borromeo Catholic Church June 19, 2017 – June 23, 2017**, and all related activities, including but not limited to transportation to and from this faith Formation / Youth Ministry activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in the activities of the Faith Formation/ Youth Ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands there for on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releases while the minor child, parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Confirmation and or/youth ministry meetings and/or activities whether caused by the negligence of Releases or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.



**Model Release Statement**

I hereby (circle one) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of St. Charles Borromeo.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_