

# CREATION

# VBS

**\*\*\* June 25-29**

**St. Henry Catholic Church**  
**346 NW First St.**  
**Gresham, Or 97030 ... 503-665-9129**  
**Monday- Friday .... June 25-29, 2018**  
**9:00 a.m. – 12:30 pm.**  
**(age 3 potty-trained) - through 6th grade**



Check # \_\_\_\_\_  
Cash \_\_\_\_\_  
Amt Pd \_\_\_\_\_  
Balance \_\_\_\_\_

## VACATION BIBLE SCHOOL REGISTRATION:



*Please print clearly*

Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Home Church: \_\_\_\_\_

Child First/ Last Name: \_\_\_\_\_ current age \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

Child First/ Last Name: \_\_\_\_\_ current age \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

Child First/ Last Name: \_\_\_\_\_ current age \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

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Name of Emergency Contact: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child: \_\_\_\_\_

I grant permission for my child(ren) to participate in VBS. Permission is also granted for my child(ren) to receive emergency medical treatment if needed. I waive any responsibility of St. Henry Catholic Church in case of accident or injury. I give permission for my child/ren pictures to be taken in support of VBS to communicate the importance of parish life to our members. No names will be published.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

List child's name and any (social/emotional/allergies/medications) of which we should be aware..  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Enclosed \$25.00 per child /\$45.00 family (immediate family siblings)

\_\_\_\_\_ Registration form and fee can be brought to St. Henry Church or Mail to

**\*\*\*Everyone is invited to bring a sack lunch for the last day. Parents and guardians, too. We will celebrate Mass outside (weather permitting).**



**St. Henry Catholic Church**  
**Attn: VBS**  
**346 NW First St.**  
**Gresham, Or 97030**  
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