

St. Joan of Arc Catholic Church, 12735 W 58th Ave., Arvada, CO 80002, 303-420-1232

VACATION BIBLE SCHOOL

July 12-16, 2021, 9:00 am-12 Noon

For children entering First – Sixth grade in Fall 2021

Student's Name _____

Date of Birth _____^{Last} _____^{First} Grade Fall 2021 _____ T-Shirt size: S (6-8) M (10-12) L (14-16) Adult S

Known food allergies or other medical concerns, etc _____

Student's Name _____

Date of Birth _____^{Last} _____^{First} Grade Fall 2021 _____ T-Shirt size: S (6-8) M (10-12) L (14-16) Adult S

Known food allergies or other medical concerns, etc _____

Parents' names _____

Address _____ City _____ Zip _____

Primary phone # Mom _____ Dad _____

Family e-mail: _____

Emergency Contact: _____ Phone # _____

Relationship: _____^{First} _____^{Last} We will try to contact the parents first in the event of an emergency.

Name of Catholic church you attend _____

Registration Fees:

Number of children registered for VBS _____ x 40.00 = _____

Not to exceed \$100 per family grades 1-6.

Fees may be waived due to need or for volunteer's children. Please contact Sr. Margaret Thomas, 303-420-1232 ext. 202.

By registering my child/ren I give permission to St. Joan of Arc Catholic Church to use and release my child's likeness in a photo for promotional purposes for either the Archdiocese of Denver or St. Joan of Arc Catholic Church.

Adult and/or Teen Volunteer Opportunities are available. Please contact Sister Margaret or Anne Smith in the parish offices 303-420-1232. Registration, training (Wednesday, July 7, 10:30 –11:30 AM), are required.

Registrations are due by Wednesday, June 30th. Space is limited and classes could fill earlier.

Parent/guardian Signature _____

Date _____

Printed Name _____



Totally Catholic

APPENDIX II (Page 2 of 2)
COVID-19 Ministry Event Programming

Participant Acknowledgement of Risk AND
Commitment To Abide By Event Ministry Protocols & Guidelines

(cont'd)

Participant, either individually, or as the Parent/Guardian for the Participant minor child, acknowledges and commits as follows:

1. I have read and I understand the above Background, Acknowledgment of Risk, and Commitment to Abide by Ministry Event Protocols & Guidelines concerning COVID-19 and associated risks.
2. Participating in the Ministry Event is of such value to me/my family, I choose to accept the risk of contracting COVID-19 for myself/my child, and/or other family members.
3. I have read, I understand, and I commit to abide by the Ministry Event Protocols & Guidelines including the At-Home COVID-19 Health Screening Guide.

ACKNOWLEDGED AND COMMITTED TO:

Participant Name (print): _____

Participant Signature: _____
only if Participant is age 18 or older

Date: _____

Parent/Guardian Name (print): _____
only if Participant is age 17 or under

Parent/Guardian Signature: _____

Date: _____