

# Dive into the Bible

*Vacation Bible School*



*Coming to St. Rene – June 24 to June 28, 2019*

St. Rene will be offering a Vacation Bible School, for students in grades 1 – 6. Students in grades 7 and 8 are welcome to join and help. The summer camp will be held, June 24<sup>th</sup> – 28<sup>th</sup>, from 9am until Noon. Our theme this year will be “Dive into the Bible”. This camp is committed to helping to develop children’s faith in Jesus through the many stories of the Bible.

Each three-hour day of camp is designed to be full of activities, Bible-based learning, music, movies, crafts, friendships, and a snack! The five days of Camp are intended to provide opportunities for your children to build relationships with others, and to build their knowledge and love for Jesus while having fun!

**Who:** Children in grades 1 – 6  
(7<sup>th</sup> and 8<sup>th</sup> grade students are welcome to join-in and help.)  
**What:** Vacation Bible School  
**When:** June 24 – June 28 (9am until Noon)  
**Where:** St. Rene School  
**Cost:** \$40.00 first child / \$60.00 two children  
\$75.00 Family Rate ...three or more children

*Space is limited! – sign-up today, don’t delay!*

For more information, contact Peg in the St. Rene Faith Formation Office.  
Email: [peg@strenegoupil.org](mailto:peg@strenegoupil.org) Phone: (773) 229-8523  
Registrations Forms are available in the Narthex.

(Please PRINT neatly)

DATE: \_\_\_\_\_

**FAITH FORMATION  
REGISTRATION FORM VBS 2019**

*Please return this completed form with your payment*

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Family Name

Father

Mother

		( )	( )
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Street Address

City

Home Phone

Cell or Other Number

Single-Parent Household

Two-Parent Household

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e-mail address

VACATION BIBLE SCHOOL	June 24 <sup>th</sup> – 28 <sup>th</sup> 2019
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**Complete this section for ALL students:**

	Child 1	Child 2	Child 3	Child 4
LAST NAME				
FIRST NAME				
Grade Level for Fall 2019				
SCHOOL Name				

**Complete this section also:**

Birth Date				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F

**We would like to encourage you to become involved in our Faith Formation Program. It is an opportunity for your own personal enrichment and the formation of your children's faith. Please indicate in what capacity you would like to be involved in our program:**

\_\_\_\_\_ CATECHIST

\_\_\_\_\_ SUBSTITUTE CATECHIST

\_\_\_\_\_ OFFICE ASSISTANT (during classes)

\_\_\_\_\_ SPECIAL NEEDS FRIEND

**For Office Use Only:**

Tuition Paid (Amount)		Check Number		Date	
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**THE FOLLOWING INFORMATION MUST BE UPDATED EVERY YEAR:**

Do any of your children receive Special Education Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Does this child have an IEP in their school setting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please let us know how we can support this child and you. \_\_\_\_\_

Further Description (if necessary):  
\_\_\_\_\_

- Learning Disability     Behavioral Disability     Attention Deficit     Other

**MEDICAL INFORMATION**

NAME	PHYSICAL / HEALTH PROBLEMS, ALLERGIES, ETC.	MEDICINE

**EMERGENCY INFORMATION** (This section must be completed for ALL families)

NAME OF PHYSICIAN \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**NOTE:** *Emergency Contact names should be other than the parent or guardian.*

**MEDICAL RELEASE**

In the event that the undersigned or my (our) authorized physician cannot be reached and in the judgment of the Director of our Faith Formation Program or other person responsible for the program or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I (we) hereby request and authorize any of the aforesaid personnel to obtain for my (our) child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

**Date or Dates for which release is intended:** June 1, 2019 through July 1, 2019

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

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**If parents are divorced or separated, we presume that both parents have access to the children unless one parent can provide evidence that he or she has the sole right. In these cases, our program abides by the provision of the Buckley Amendment. Divorced and/or separated parents must file a court certified copy of the custody section of the divorce decree (or separation agreement) when the child is enrolled in the program.**