



2019 Vacation Bible School  
Saint Anne & Saint Winifred  
June 17<sup>th</sup>–June 21<sup>st</sup> from 9 am – Noon  
Around Saint Winifred Campus

Cost: \$20 per child *or* \$50 per 3 or more children  
All kids age 4 through Grade 5 (Fall 2019) are invited to attend  
a week full of stories, music, games, snacks, crafts, and t-  
shirts. 6<sup>th</sup> – 12<sup>th</sup> grade students are invited to volunteer.

VBS Registration closes on May 13, 2019, after which please contact us for availability. Registration forms and payment must be received prior to May 13<sup>th</sup> to guarantee t-shirts and a music CD. **Please contact Amanda Scruggs at [ascruggs@stanneparish.com](mailto:ascruggs@stanneparish.com) for more information or to volunteer.**

*Child Information - Please Print Neatly*

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

T-Shirt Size: Child 2/4 6/8 10/12 14/16 or Adult S M L XL

2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

T-Shirt Size: Child 2/4 6/8 10/12 14/16 or Adult S M L XL

3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

T-Shirt Size: Child 2/4 6/8 10/12 14/16 or Adult S M L XL

4. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

T-Shirt Size: Child 2/4 6/8 10/12 14/16 or Adult S M L XL

5. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

T-Shirt Size: Child 2/4 6/8 10/12 14/16 or Adult S M L XL

*To register more children please attach a second registration page with their information.*

## 2019 Vacation Bible School Consent Form

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent Saint Anne-Saint Winifred Parish employees or other associated volunteers of the VBS program to administer basic first aid (Band-Aids, etc.) or obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge the Diocese of Pittsburgh, and Saint Anne-Saint Winifred Parish from all manners of actions, claims, which I or the child(ren) named on this registration form shall or may have for any reason, arising during my child(ren)'s attendance at VBS.

Unless other written instruction is submitted, I also consent to allowing my child(ren)'s image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Saint Anne-Saint Winifred Parish.

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

\_\_\_\_\_  
Date

### *Family Information - Please Print Neatly*

Mother/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact/Phone #: \_\_\_\_\_

Alternate Pickup Person/Phone #: \_\_\_\_\_

**Parents, we need your help!** Please consider volunteering – circle all areas that interest you.

Bible      Crafts      Snack      Games      KidVid      Crew Leader      Actor      Music

Days available: \_\_\_\_\_

**Completed VBS registration forms and volunteer applications should be returned to  
the Parish Office at Saint Anne or Saint Winifred Church or  
mailed to Office of Religious Education, 4040 Willow Avenue, Pittsburgh, PA 15234**