



Saint Raphael Parish
 525 Dover Center Road
 Bay Village, Ohio 44140

Vacation Bible School
 Registration for Children

July 17-21, 2017
 9:30 a.m. to Noon

Basic Information

- ❖ Saint Raphael’s Catholic Vacation Bible School will take place the week of July 17-21st (Monday through Friday) on the parish grounds.
- ❖ It is open to children age 4 years old (by June 30th) through students entering Grade 5 in the Fall of 2017.
- ❖ Students entering grades 6 through 12 are welcome to serve as student volunteers (please sign up on the separate Teen Volunteer form).
- ❖ Parent volunteers are needed (separate Adult Volunteer form). To help with our large number of children, each parent is encouraged to volunteer at least one day or help with prep work prior to the event. Parents who help on-site all five days will receive complimentary registration for their children.
- ❖ Each day will include a lesson from the bible, music, story-time, a craft activity, outdoor games, a snack, a saint of the day and a prayer service.
- ❖ Each child will receive a Catholic VBS t-shirt and a buddy character of the day. Each family will receive a VBS music cd and Catholic Family VBS newsletter.
- ❖ This event is under the direction of St. Raphael Parish Staff: Terri Telepak, Andy Kereky, Ashley Klug, Bill Toler and Kyle Griesse, assisted by parent & student volunteers.
- ❖ M^ak^er F^un F^act^ory VBS is open to children from all parishes and Christian churches. It is centered on Jesus Christ and includes Catholic content on the sacraments, saints, prayers and the Mass.
- ❖ Registration takes place from May 1st – June 30th. Forms submitted after June 30th will require a \$15 late fee per family. No registrations will be accepted after July 10th.

Please print all Information

Family Last Name _____ Home Phone: _____

Street Address _____

City _____ State _____ Zip _____

Mother’s Name _____ Cell Phone _____

Father’s Name _____ Cell Phone _____

Family E-mail _____

Are you a member of St. Raphael Parish? _____ If not, what Church do you attend?

Emergency Contact:

Name: _____ Relationship _____ Phone _____

Please continue on back side →

Children's Registration Information

Children are grouped in diverse age groups called Crews. Your child may request the name of **one** friend for their group. That child must also request your child. To guarantee that they will be in the same group, please send in both forms together. We are unable to save a space waiting for friends to register.

T-Shirts come in the following sizes: YS (youth small 6-8), YM (10-12), YL (14-16), AS (adult small 34-36) AM (38-40), AL (42-44) They are 100% pre-shrunk cotton, but it is our experience that they run small.

First Child

First Name _____ Male / Female Date of Birth _____

Age ____ T-Shirt Size ____ Grade in the Fall of 2017: PreK K 1 2 3 4 5

Friend request: _____ Health Issues and Allergies: _____

Second Child

First Name _____ Male / Female Date of Birth _____

Age ____ T-Shirt Size ____ Grade in the Fall of 2017: PreK K 1 2 3 4 5

Friend request: _____ Health Issues and Allergies: _____

Third Child

First Name _____ Male / Female Date of Birth _____

Age ____ T-Shirt Size ____ Grade in the Fall of 2017: PreK K 1 2 3 4 5

Friend request: _____ Health Issues and Allergies: _____



You will receive confirmation of your child's registration in a letter by mail the week of July 10th. It will include important details about Vacation Bible School Week!

**St. Raphael "Maker Fun Factory" Totally Catholic Vacation Bible School 2017
Registration Fee: \$50 per child**

Number of Children _____ Total Amount Due: _____ Deposit Enclosed: _____
Parent is full-time VBS volunteer: If yes, name: _____ Balance Due: _____

Please mail or drop off registration to the St. Raphael Parish Office by June 30, 2017. Full payment is due by July 15th. ADD a \$15 late fee per family if you are registering after June 30th. If you have any questions, please e-mail telepak@saintraphaelparish.com or call 440-871-1100, ext. 108.

**PLEASE MAKE CHECKS PAYABLE TO SAINT RAPHAEL PARISH.
On the Memo line, please put VBS and your child's name. Thank You!!**

Office Use:
Date Received _____ Cash _____ Check Number _____ Amount Due _____ Pd. In Full _____