



Good Shepherd Catholic Church  
Vacation Bible School Registration 2011  
**Hometown Nazareth: Where Jesus was a Kid**  
**July 11 - 15, 2011**

Fees: \$45.00 for first child; \$35 for each additional child in family  
Rising 1<sup>st</sup> graders - Rising 6<sup>th</sup> graders\*

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
                    First                    MI                    Last

Grade entering in September 2011 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardians' Names \_\_\_\_\_

Phone #'s \_\_\_\_\_  
  Person  Cell#  Work#

Other Emergency Contact \_\_\_\_\_  
  Name  Relationship

Emergency Phone Number \_\_\_\_\_

Please describe any special needs your child may have: List medical conditions, allergies, medications and dosage and learning challenges, etc...)

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I can volunteer in the following ways:

- |  |  |
|--|--|
| <input type="checkbox"/> **Station Leader (July 11 -15)  | <input type="checkbox"/> **Group Leader (July 11 - 15)       |
| <input type="checkbox"/> Set-up Evening of (July 6 - 8)  | <input type="checkbox"/> Weekend Set-up (July 9 -10)         |
| <input type="checkbox"/> Friday staff luncheon (July 15) | <input type="checkbox"/> Friday afternoon clean-up (July 15) |

**\*There will be a preschool option for volunteer's rising-pre-schoolers and rising kindergarteners. There is also childcare available for smaller children.**

**\*\*Volunteers for these jobs will receive \$10 off registration for one child.**

I would like to order a music CD/ DVD:

\_\_ Celebration Music DVD is \$14.99

\_\_ Celebration Music CD is \$6.99

A t-shirt is included with registration. Please indicate shirt size: S M L XL

Inhalers, Epi pens, and any medication must be brought to the nursery coordinator and retrieved daily by an adult.

I hereby give permission for my child, \_\_\_\_\_, to receive emergency medical care for injuries while participating in the Good Shepherd Vacation Bible School, July 11-15, 2011.

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Please return the completed form to the Parish Office.  
Contact [VBS@gs-cc.org](mailto:VBS@gs-cc.org) or call the Parish Office at (703) 780-4055 with any questions.

**Make checks payable to:  
Good Shepherd Catholic Church  
Indicate VBS on memo line**

**REGISTRATION DEADLINE: JUNE 1st**

Office use only:

Paid: CA CK Check # \_\_\_\_\_ Amount \_\_\_\_\_

Music CD \_\_\_\_\_

Music DVD \_\_\_\_\_

