Sacred Heart Parish - VBS  
July 11 – 15, 2016  
9:30 AM – 12:30 PM  
Sacred Heart Parish Center – 1873 Moreau Drive

KIDS GEAR UP FOR AN OVER-THE-TOP UNDERGROUND ADVENTURE!!

This VBS will ground your kids in the rock solid foundation of God’s love, a love that guides us through life’s dark times. On this courageous, captivating quest, kids have fun and experience Jesus, the light of the world.

Participants: Children ages 4 – 9/10 (Gr.4) Parishioners, friends and extended family welcome!

Cost: $20.00 per child –

Registration: May 15th through July 8th

TO RETURN REGISTRATION: Pages 2-3

Scan and email to: mkriss@nd.edu

Mail to: Michelle Kriss, Sacred Heart Parish, 104 the Presbytery, Notre Dame, IN 46556

Drop off: at Presbytery Office or SH Parish Center Office.

Phone: Michelle Kriss –574- 631-7508

Form on Parish website: sacredheartparish.nd.edu

Helpers Needed - parents, grandparents, other adults high schoolers - middle schoolers Any student age 10 (Gr. 5) or older

Every parishioner – adult, teen, tween - young and not so young - can be of help in some way by donating your time and talent to help with an activity or Spelunking Crew

If you - or anyone in your family - can help out in any way with one of the Station tasks please contact Michelle Kriss E-mail mkriss@nd.edu or Phone 631-7508

The real work is already done for you!!

Minimal planning!! All specific directions for each day are provided. You won’t have to hunt for materials or anything! Everything is ready for you at each station. Come and share your time, caring, fun, humor and desire to interact with the children as they enjoy VBS and discover Jesus, the light of the world!!!

STATIONS

Sing-and Play Rock: Music is the heartbeat of VBS!! Coe and help kids learn the Cave Quest theme song and others that tie to the daily Bible Point. Lots of fun and action!!

Deep Bible Quests: Help kids experience the daily Bible story in a hands-on way. In small groups they connect their unforgettable Scripture experience to real life.

Saint-of-the Day & Imagination Station: Help Kids learn about one of God’s extraordinary saints and experience exciting experiments or crafts to reinforce the daily Bible message.

Cavern Café: Help prepare and serve yummy, healthy, themed snacks including “Maze Mix,” “Waffely Good”, “Fruit Compass”, “Veggie Hug”, & “Peachy Power-Up”.

Spelunker Sports and Games: Assist with directing the Climbing Crews through fun and simple games that follow the Bible theme for the day. Watch out – you might get wet dodging splash balls

KidVid Cinema & Cave Quest Closing: Meet and be inspired by Emily, Bryan, Isaac, Noa, and Riley as they tell their real stories about following the light of Jesus in their everyday lives. Watch how Kids overcome obstacles with God’s loving guidance.
SACRED HEART PARISH, NOTRE DAME  
VBS 2016 Registration Form  July 11 – 15, 2016

Child’s Name: ___________________________  Age_______
Friend’s Name: ___________________________  Age_______

Child’s Name: ___________________________  Age_______
Friend’s Name: ___________________________  Age_______

Child’s Name: ___________________________  Age_______
Friend’s Name: ___________________________  Age_______

I would like to order a pre-paid copy of the  
☐ SING & PLAY ROCK MUSIC CD  
☐ SING & PLAY DOWNLOAD CARD – MP3 digital format  
[COST OF EACH IS $7.25  Please include payment with registration payment]

Parents, Older Siblings, Teens, Parishioners, Grandparents – How can you lend a hand?  
(check box by area of interest)

☐ Crew Leader  Age 10+ (Gr. 5) (lead a group of 5-6 through the various activities)  
☐ Music (help teach exciting songs - all on CD & DVD)  ☐ Site Leader  ☐ Helper  
☐ Storytelling (help present the daily Bible story)  ☐ Site Leader  ☐ Helper  
☐ Games (help with instructions and supervision)  ☐ Site Leader  ☐ Helper  
☐ Crafts (help children with assembling)  ☐ Site Leader  ☐ Helper  
☐ Snacks (help with assembly, serving and clean up)  ☐ Site Leader  ☐ Helper  
☐ Kid-Vid Cinema (show daily video segment)  ☐ Site Leader  ☐ Helper

Name of helper_________________________________________ Student ☐  Teen ☐  Adult ☐
Phone # _______________________________________________ E-mail_________________________________________

For Office Use Only:  Fee Paid: Date____________________ Total Amount____________________

$ for Registration____________________  $ for CD or MP3 purchase____________________
**Required - Emergency Medical Care Information  VBS  July 2016**

Please fill out the Emergency and Medical Authorization Form to be kept on file in case of an emergency. This information is a requirement of the Diocese of Fort Wayne-South Bend.

**Consent to Emergency Medical Care**

In the event reasonable attempts to contact me:

Name: ___________________________ at (phone #) ________________

Emergency contact: ___________________________ at (phone #) ________________

Other: ___________________________ at (phone #) ________________

have been unsuccessful, I hereby give my consent for:

1) The administration of any treatment deemed necessary by (Physician’s name) ___________________________ at (phone #) ________________

   or (Dentist’s name) ___________________________ at (phone #) ________________

2) and/or the transfer of my child to (preferred hospital) ___________________________ or any hospital reasonably accessible.

   *This authorization does not cover major surgery unless medical options of two licensed physicians or medical opinions of two other licensed physicians or dentists concurring in the necessity for surgery are obtained before surgery is performed.*

My health insurance carrier: ___________________________

Policy/Group Number: _________________________________

3) The following include any allergies my child may have, any medications my child may be taking, and any other medical conditions I want the staff/leaders to be made aware of...

Child’s Name: and info: ___________________________:

Child’s Name: and info: ___________________________:

Child’s Name: and info: ___________________________:

Parent (Guardian) Signature: ___________________________ Date: ________________

**Refuse to Consent to Emergency Medical Care**

I do NOT give my consent for emergency medical treatment of my child(ren). In the event of illness or injury requiring emergency treatment, I wish the religious education/VBS authorities to take no action. I understand what is involved in this refusal to medical care and will not hold the Parish or Diocese liable.

Parent Signature: ___________________________ Date: ________________

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