Sacred Heart Parish - VBS  
June 25 – 29, 2018  
9:30 AM – 12:30 PM  
Sacred Heart Parish Center  
1873 Moreau Drive

Children ages 4 – 10/11 (Gr. 5)  
Parishioners, friends and extended family welcome!  
$20.00 per child –

**VBS Dates:**  
June 25 through June 29th

**TO RETURN REGISTRATION:** Pages 1-2  
**Scan and email to:** mkriss@nd.edu  
**Mail to:** Michelle Kriss, Sacred Heart Parish,  
100 Sacred Heart Parish Center,  
Notre Dame, IN 46556  
**Drop off:** SH Parish Center Office.  
**Phone:** Michelle Kriss –574- 631-7508  
Form on Parish website:  
sacredheartparish.nd.edu

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**Watch for God:** Kids observe and look for God Sightings.

**Castaway Sing and Play** Music and song are the heartbeat of VBS!! the SHIPWRECKED theme song and connect to the daily Bible Point. Always lots of fun and action!!

**Bible Discovery:** Kids discover and become an active part of the Scripture story each day.

**Saint-of-the Day & Imagination Station:** Kids learn about one of God’s extraordinary saints and experience exciting creative activities and crafts that reinforce the daily Bible message.

**Tropical Treats:** Kids enjoy tasty and healthy, snacks including “Castaway Cracker Mix”, “Gone Fishin” and “Fruity Floats.”

**Ship Rec Game:** Fun and simple games help the Creative Crews connect them with the Bible theme for the day. They might get a bit wet!!!!

**KidVid Cinema & Sail Away Sendoff:**  
Kids are inspired by real life stories about what it means to shine the light of Christ and trust in God’s love.

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**Helpers Needed**  
Parents, grandparents, young adults, high & middle schoolers, students age 10 (Gr. 5) or older

*Parishioners and others! - 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, station, or one of the Creative Crews.*

If you - or anyone in your family - is available to help our VBS in any way 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 don’t have to hunt for materials or anything! Everything is ready at each station. Please, come and share your time, caring, fun, humor and interact with the children as they enjoy VBS and discover that JESUS is always there to rescue them.
SACRED HEART PARISH, NOTRE DAME
VBS 2018 Registration Form June 25 – 29, 2018

Parent’s name: __________________________________________________________
Street address: __________________________________________________________
City_______________________________ State____________________ Zip____________
Home phone: _______________________________ Work_________________________
E-mail address: __________________________________________________________

1) Child’s Name: __________________________ Age_________
Friend’s Name: __________________________ Age_________
2) Child’s Name: __________________________ Age_________
Friend’s Name: __________________________ Age_________
3) Child’s Name: __________________________ Age_________
Friend’s Name: __________________________ Age_________

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

Parents- Grandparents- High schoolers- Middle schoolers – 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 are on 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 crafts) □ 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 site leader/ helper_________________________________________ Student □ Teen □ Adult □
Phone # _______________________________ E-mail________________________________

For Office Use Only: Fee Paid: Date____________________ Total Amount____________________
$ for Registration ___________________________ $ for CD or MP3 purchase __________________
Registration - Page 1
VBS - June 25-29, 2018
Required - Emergency Medical Care Information

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 for Parish sponsored activities.

**Consent to Emergency Medical Care**

In the event reasonable attempts made to contact me at these numbers

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 the medical opinion 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:** __________________________

**Allergies**

3) The following include any food or other allergies my child may have, any medications my child may be taking, and any other medical condition 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: __________

Refusal 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 of medical care and will not hold the Parish or Diocese liable.

Parent Signature: __________________________________________ Date: __________