

Vacation Bible School at Emmanuel

Dates: Monday, June 24 – Friday, June 28, 2024

Place: Emmanuel Parish School Building

Time: 9:00 a.m. – 12:00 p.m.

For children 4 to 11 years old

Cost: \$20.00 per child or \$50.00 per family

Cost includes:

Crafts Snacks Activities Pizza

The week will finish with a closing Mass and a pizza party.



Gear up for a one-week hike through the wilderness and lead kids to discover amazing things about Baptism, Eucharist, Confirmation, Reconciliation, Anointing of the Sick, Marriage, and Holy Orders.

The goal of this program is to help children better understand the seven sacraments and deepen their love for Jesus.

If you have any questions, please contact
Ellen Hunter at eahuntermk@gmail.com or Brian Miller briancmiller17@gmail.com

Drop off form in collection basket, at parish office, or mail to 149 Franklin St, Dayton, 45402

Registration Deadline: June 17, 2024

Registration for Emmanuel Parish 2024 Vacation Bible School Program June 24-28, 2024

Family Name: _____ Family Parish: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Email: _____

Child's first name	Age	M/F	Birthdate	Grade level in the fall
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1. _____	_____	_____	___/___/___	_____
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2. _____	_____	_____	___/___/___	_____
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3. _____	_____	_____	___/___/___	_____
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4. _____	_____	_____	___/___/___	_____
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5. _____	_____	_____	___/___/___	_____
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Disclaimer: As the legal guardian of the above listed child(ren), I agree to make arrangements to accompany them or retrieve them from camp in the case of continuous behavioral problems.

Parent's signature: _____

Did you complete the following?

_____ Registration Form _____ Complete the permission form
_____ Check made payable to Emmanuel Parish _____ Sign up for a volunteer position

Each family MUST provide at least one volunteer (adult or older child). To give the children the best experience, we need TONS of help.

- Adults and teens to help with Snacks, Games, Faith, Crafts, and Music
- Adults and teens to help with the various age groups of children
- Babysitting
- And many more!



We really need help with set up the Saturday before and clean up after the finale.

To sign up for volunteering, scan QR code or go to

<https://www.signupgenius.com/go/20F0C44A9AE2FA7FF2-49073268-emmanuel#/>

Safe Parish Adult volunteers working with children must be current in Safe Parish training, according to Archdiocese of Cincinnati regulations. Go to <https://www.aocsafeenvironment.org/> to register.

**Archdiocese of Cincinnati Permissions, Release and Medical Power of Attorney
ACTIVITY INFORMATION**

Church Agency: Emmanuel Catholic Church
Activity: 2024 Vacation Bible School Program June 24-28, 2024
Location: 149 Franklin St. Dayton Ohio 45402 937-228-2013

Last Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Home Parish _____

1. I, The lawful parent or guardian of (please list children's names) _____

_____ give permission for my child to participate in the Religious Education program described above, and release from all liability and indemnify the Archbishop of Cincinnati ("The Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representative, volunteers, and employees from any and all liability, claims, judgments, costs or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medial emergency occurs during the activity or related travel:

a. To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or Institutions pertaining to any emergency medications, medical or dentist treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

b. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

c. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledge that I fully understand the content and meaning.

Signature of Parent or Guardian _____ **Date** ____/____/____

Work Phone: _____ **Cell Phone** _____

Emergency Contact (other than parent) _____

Phone# of Emergency Contact _____

Medical Insurance Company _____ **Policy No.** _____

Members Name _____

Family Doctor Name _____ **Phone** _____

Dentist Name _____ **Phone** _____

Refusal of Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to:

Date: _____ **Signature of Parent** _____

Media Release Please select one: _____ I agree _____ I disagree that the parish and/or Archdiocese may use my child's(children's) photograph(s) for promotional purposes, website and office functions.

Please complete other side ☺☺☺

Medical Information to be completed by Parent or Guardian
(Please print clearly)

Child's Name _____ Date of Birth _____ Grade _____
Allergies _____
Medications _____
Chronic Conditions (e.g. epilepsy, diabetes) _____
Special Needs _____

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