

# IT'S TIME TO GO TO CHURCH!

WITH  
**KH. GiGi SHADiD**

## 2019 PAN-ORTHODOX CHRISTIAN VACATION BIBLE SCHOOL

Monday, June 3 – Thursday, June 6

VBS is open to children age 4, by September 1, 2018, to 5<sup>th</sup> grade during the 2018-2019 school year

Name of Child	T-Shirt Size	Age	Date of Birth	Last Grade Completed (18-19 year)	Allergies/Medical Conditions

### Contact Information

Parent(s) and/or Guardian(s) Name: \_\_\_\_\_

My information is already on file at St. George

Address: \_\_\_\_\_

Home Parish: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Volunteer Assistance – (please check any or all that apply)

\_\_\_\_ I would like to help with registration on Monday from 12:15p to 1:15p.

\_\_\_\_ I would like to assist with crafts. Please circle the day(s) that work for your schedule.  
Mon Tues Wed (Assistance is needed from 1:30p to 4:00p.)

\_\_\_\_ I would like to help prepare snacks. Please circle the day(s) that work for your schedule.  
Mon Tue Wed Thurs (Assistance is needed from 1:30p to 4:00p.)

**YOU MUST COMPLETE THE AUTHORIZATION AND MEDICAL CONSENT FORM ON THE BACK**

NOTICE OF PAYMENT:

- The cost per child is **\$10.00** – Forms should be submitted by **May 20<sup>th</sup>**
- Checks should be made payable to St. George Cathedral; earmarked for “VBS”
- After **May 20<sup>th</sup>**, the cost will be **\$15.00** per child

Parent Authorization and Medical Consent

My child(ren) \_\_\_\_\_ has my permission to participate in the Vacation Bible School Program June 3 – June 6, 2019 at St. George Orthodox Cathedral. I understand that reasonable precautions will be taken to safeguard his/her health and safety, and that I will be notified as soon as possible in any emergency. Also, I will not hold liable any Orthodox Church, its clergy, Council members, staff, volunteers, The Self-Ruled Antiochian Orthodox Christian Archdiocese of North America, nor any individual lending or giving his/her private property to be used in connection with this event, for any illness or accident. If I am unable to be reached, and the occasion demands, I further authorize any treatment and hospital care advisable under the supervision of a licensed medical physician. Such treatment may include x-ray, examination, anesthetic, medical, dental or surgical diagnosis.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Signature: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please register early so we have enough materials and supplies for everyone!

Please send forms to Gina Stater at  
St. George Cathedral  
7515 E. 13<sup>th</sup> St. N  
Wichita, KS 67206  
Office 316.636.4676 - Fax 316.636.5628  
gina@stgeorgecathedral.net