



Dear Parents:

Welcome to **Roar! Life is wild, God is good!**. It is filled with incredible faith-formation experiences kids see, hear, touch, and even taste! Biblical crafts and games, cool faith-filled songs, KidVid stories, and tasty treats are just a few of the activities that help faith flow into real life. Since we will be hard at work as safari crews in the Sahara Desert, please send your child in play clothes and safe shoes.

Each year children are asked to help others, and this year is a Penny Drive benefiting The Snowdrop Foundation in honor of Lynnlea Jo Johnson –so start saving those coins!

The **Roar!** adventure begins at 9:00 am and ends at 11:45 am each day for children **four years old to fifth grade**. So mark **June 24 to June 27** on your calendar. In order to comply with Diocesan Safe Environment mandates, on Tuesday, June 25, all students will be taught a safety program highlighting personal safety skills.

VBS will conclude with a **pool party** and **weenie roast** at the EB swimming pool from 6:30-8:30 pm on Thursday, June 27th; each child must be accompanied by an adult.

Registration is easy. Complete and return this form to the VBS box located in the back of the church, or mail it to Holy Cross VBS, P.O. Box 1325, East Bernard, TX 77435. Registration deadline is **Friday, June 14, 2018**. Late registration may result in your child not receiving all the materials.

Vacation Bible School is provided at no cost, however, a donation of \$5.00 per child or \$10.00 per family would be greatly appreciated. If you have any questions please call Bonnie @ 979-533-2205 or Jaclyn 832-477-5519

In Christ,
Bonnie Kocurek & Jaclyn Boettcher
Crew Leaders



Holy Cross Catholic Church
VBS 2019 ~ June 24-27

Pre-K thru 5th grade
9:00-11:45 a.m.

Vacation Bible School 2018 - Holy Cross Catholic Church – East Bernard, Texas



The Catholic Diocese of Victoria in Texas

YOUTH PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender _____ Grade _____
 Address _____ City _____
 St/Zip _____ Phone (____) _____
 Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____
 Address (if different than above) _____
 Phone (____) _____ Cell (____) _____ Wk (____) _____

I request and give my consent for my son/daughter, _____ to participate "Roar: Life is Wild-God is Good VBS activities from June 24, 2019 through June 27, 2019, sponsored by Holy Cross Catholic Church, East Bernard and/or by the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish/school personnel. I give my permission to the personnel in charge of the activity to search my child's belongings, bag, backpack, or other container if it is deemed necessary to do so. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria and Holy Cross Catholic Church, East Bernard its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan and/or parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

Date _____ Parent's Signature _____

My son/daughter is allergic to _____
 My son/daughter takes the following medication (name, dosage) _____
 This medication is for _____
 Medication that my son/daughter is allergic to _____
 Last immunization/booster for Diphtheria/Tetanus _____
 Any specific medical problems: _____ Any physical limitations: _____
 Family Physician _____ Phone (____) _____
 Address _____ City/State/Zip _____
 Name of Insurance Company _____ Phone (____) _____
 Address _____
 City/ST/Zip _____
 Name of Insured _____ Policy # _____
 Group or Plan # _____ I do not have insurance at this time.

Contacts in case of emergency and parent cannot be reached:
 Name _____ Cell Phone (____) _____ Other Phone (____) _____
 Name _____ Cell Phone (____) _____ Other Phone (____) _____
 _____ My child may also be released to the emergency contact adults listed above after an event. (Please initial line)
 _____ My child has a valid driver's license and may drive to and from events. (Please initial line)

Appendix 5a

TRANSPORTATION: How will your child/children be picked up?

Parent _____ Grandparent _____ Daycare _____
 Other _____



The Catholic Diocese of Victoria in Texas

Video/ Photo/ Media/ Audio Release

I hereby grant Holy Cross Catholic Church, East Bernard (School/Parish/Diocesan Entity) the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child _____ in which they may be included, now existing or hereafter made, in any case, with or without identifying (him/her) for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless Holy Cross Catholic Church, East Bernard (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation.

I understand that all communication with my minor child will be directly related to an approved **School/Parish/Diocesan Entity activity**. In addition, I understand there will be no financial or other remuneration for recording my minor child in photos, videos, audio, or other images for initial or subsequent use, transmission, or playback.

I hereby give permission for my minor child to be in video/photos/media/audio/other images.
 _____ Parent/ Guardian Signature _____ Date _____
 I hereby do NOT give permission for my minor child to be in video/photos/media/technology/audio.
 _____ Parent/ Guardian Signature _____ Date _____

Technology Release

Written parental/guardian permission to communicate via social media or other electronic communications with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS. These communications will only be used for ministry purposes such as announcements, scheduling of events, and similar notifications.

I hereby give permission for my minor child to be contacted through social media or other electronic communications.
 _____ Parent/ Guardian Signature _____ Date _____
 I hereby do NOT give permission for my minor child to be contacted through social media or other electronic communications.
 _____ Parent/ Guardian Signature _____ Date _____

If permission is granted, list preferred method of contact for parent/legal guardian and minor child:

Choice	Mode of Communication	Guardian Contact Information	Minor Child Contact Information
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____

Pool Party:

Yes, my child, _____ has permission to attend the pool party Thursday, June 27, at the East Bernard Pool and will be accompanied by an adult.
 No, my child, _____ does not has permission to attend the pool party Thursday, June 27, at the East Bernard Pool.
 Parent Signature: _____ Date: _____