

ALL ABOARD
 THE QUEEN OF HEAVEN EXPRESS !!
TRACKING MARY
MYSTERIES + MESSAGES



JULY 29
TO ★
AUGUST 1
HOLY ANGELS
138 N. 8TH AVE
WEST BEND,
 ★ **WI**

WHO: CHILDREN ENTERING K5- 5TH GRADE
WHEN: MONDAY JULY 29- THURSDAY AUGUST 1
TIME: 8:30 AM - 12:15 PM,
 WITH MASS ON AUGUST 1 AT 11:30 FOLLOWED BY COOKOUT
WHERE: HOLY ANGELS CATHOLIC CHURCH
 138 N. 8TH AVE, WEST BEND, WI
HOW MUCH: \$40.00 PER CHILD
REGISTER BY: JULY 15, 2019

CHECKS MADE TO
 ST. FRANCES
 CABRINI CHURCH

QUESTIONS PLEASE CALL:

SFC OFFICE - ANDREA LEHNERZ AT 262-338-2366 EXT 120
 HA OFFICE - HANNAH BERGLAND AT 262-334-9393
 SMIC OFFICE - MARY ABEL AT 262-338-5600

REGISTRATIONS CAN BE DROPPED OFF AT ANY WEST BEND
 CATHOLIC PARISH

QUEEN OF HEAVEN EXPRESS	
DAY	DESTINATION
1	FRANCE
2	PORTUGAL
3	MEXICO
4	IRELAND
5	ENGLAND

Registration Form – SAINTS IN TRAINING

For Children entering K5 to Grade 5 for the 2019-2020 School Year

Dates: Monday, July 29 – Thursday, August 1, 2018 FROM 8:30AM – 12:15PM

Thursday Mass at 11:30 am followed by cookout

Location: Holy Angels Catholic Church, 138 N 8th Ave, West Bend

Please return completed form by Monday, July 15, 2019.

Forms can be returned to any West Bend Catholic Parish

Cost: \$40 per child, checks should be made to Saint Frances Cabrini

For Questions Please Call:

SFC Office: Andrea Lehnerz at 262-338-2366 ext. 120

SMIC Office: Mary Abel at 262-338-5600

HA Office: Hannah Bergland at 262-334-9393



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Child #1 Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

T-shirt size: (circle one) **child sizes:** XS S M L / **adult sizes:** S M L XL

Allergies or medical conditions: _____

Child #2 Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

T-shirt size: (circle one) **child sizes:** XS S M L / **adult sizes:** S M L XL

Allergies or medical conditions: _____

Child #3 Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

T-shirt size: (circle one) **child sizes:** XS S M L / **adult sizes:** S M L XL

Allergies or medical conditions: _____

Child #4 Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

T-shirt size: (circle one) **child sizes:** XS S M L / **adult sizes:** S M L XL

Allergies or medical conditions: _____

Summer Camp:

_____ We are interested in learning more about Camp Cabrini at Saint Frances Cabrini for the afternoons following the Saints In Training Program.

Volunteer:

_____ I would like to volunteer this week. Please circle days available: MON TUES WED THUR

Print Name _____ Phone: _____ E-mail: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone: *Home:* _____ *Work:* _____ *Cell:* _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Photo Permission:

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

Payment Information:

Program Fees: \$40 per child X _____ = \$ _____ Enclosed
(# of Children)

<p><i>Office use only.</i></p> <p>Payment received \$ _____ Date of Payment _____</p>
