

**Sacred Hearts, All Saints, and  
St. John's/St. James' Parishes  
will host Vacation Bible School on  
June 20th—23rd, 2022,  
from 9:00 a.m. to 12:00 p.m.  
@Sacred Hearts Parish Hall**



**Registrations can be e-mailed or mailed to:**

Joelle Mather  
St. James/St. John the Baptist  
6 Cottage Street  
Haverhill, MA 01830  
stjamesandjohnfaith@gmail.com

Maureen Cartier  
All Saints Parish  
120 Bellevue Avenue  
Haverhill, MA 01832  
allsaints120@gmail.com

Mae Ba  
Sacred Hearts Parish  
48 S. Chestnut Street  
Bradford, MA 01835  
mba@sacredheartsparish.com

**To enroll your child(ren) for this exciting summer program, please submit the following to your parish coordinator, no later than Friday, June 10th, 2022 to help us plan resources. Please encourage family and friends.**

- 1. This registration form (front and back)**
- 2. Medical release form (only one per family necessary).**
- 3. Payment—\$40 per family, paid to your parish.**

**Parent Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address (include city and zip): \_\_\_\_\_  
Emergency Contact (name and phone number): \_\_\_\_\_

**Child #1 Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade in 2022-23 School Year: \_\_\_\_\_  
Sex: M or F Allergies/Concerns \_\_\_\_\_

**Child #2 Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade in 2022-23 School Year: \_\_\_\_\_  
Sex: M or F Allergies/Concerns \_\_\_\_\_

We take photographs at VBS to use in our parishes—in our bulletins, on our Parish webpages, Facebook pages and such. The students' names are never used. If you have a concern about your child appearing in these photos, please contact Mrs. Mather, Mrs. Cartier, or, Ms. Mae. Thank you!

### Child #3 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade in 2022-23 School Year: \_\_\_\_\_  
Sex: M or F Allergies/Concerns \_\_\_\_\_

### Child #4 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade in 2022-23 School Year: \_\_\_\_\_  
Sex: M or F Allergies/Concerns \_\_\_\_\_

### Child #5 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade in 2022-23 School Year: \_\_\_\_\_  
Sex: M or F Allergies/Concerns \_\_\_\_\_

## Family Volunteer Opportunities

**Please place your name next to any position you would like to volunteer for!  
Contact us for more information about any position!**

Adult Team Leader(s) (any day or all week) \_\_\_\_\_

Youth Team Leader (open to students entering Grade 8 and above; please also list these students and their info above ): \_\_\_\_\_

Prep Crew: (involves coming in a few times before VBS week to prepare craft and game items)  
\_\_\_\_\_

Set Up and/or Take Down Crew: \_\_\_\_\_

Donation Crew (all snacks need to be individually wrapped, and kid-sized water and juices please):

Case of Water \_\_\_\_\_

Juice Boxes \_\_\_\_\_

Snacks \_\_\_\_\_

Bags of Ice \_\_\_\_\_

**THANK YOU FOR YOUR GENEROSITY**

Medical Release Form  
SPARK STUDIOS Vacation Bible School June 20th-June 23rd, 2022  
All Saints, St. James/St. John the Baptist and Sacred Hearts Parish

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, minor(s), do hereby authorize adult volunteers of Sacred Hearts Parish and St. James/St. John the Baptist as agent(s) of the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability All Saints Parish, Sacred Hearts Parish and St. James/St. John the Baptist Parish and any of its ministries or leaders, in the event of an accident in route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (please print): \_\_\_\_\_

Parent/Legal Guardian (please **sign**): \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

Emergency Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Phone: \_\_\_\_\_

If parent/legal guardian is not available in an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies. Include medications, foods, etc: \_\_\_\_\_

Does your child(ren) have any medical or special needs, including medications currently being used?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please note that we do not administer any medication. Students requiring medication must be able to self-medicate or have a parent remain with them.*

Only one medical form is required per family. Thank you!!