

PARENT TAKE HOME INFORMATION FOR

VBS SonTreasure VBS 2025

***Bible stories, Crafts, Game Songs and Snacks
Come join us for fun and excitement***

DATE: July 7-11th , 2025

TIME: 9:00 a.m - 12:30 p.m.

WHERE: Downstairs in the OLPH Parish Hall

COST: \$70.00 per child

Guaranteed a t-shirt if you register by June 9th.

After June 9th (no guarantee to receive a t-shirt)

FOR: Pre K group - Children entering Kindergarten in the Fall of 2025

Kindergarten - Gr 5 Children finishing Grade 5 by June 2025

Last day to register for camp is June 22nd

\$15 non-refundable fee for cancellation after June 9th

Please note we have limited space in each group so register early to ensure a space

DEAR PARENTS:

REGISTRATION:

Please fill out forms and return form with the registration fee to the Parish by June 9th to receive a t-shirt. **Important :Please check samples to ensure you order the correct size**

TIME: Camp starts at 9:00 - Please do not arrive before 8:45.

Leaders need this time to get ready in the morning for their group and are unable to watch your child before that time. Thank you for your co-operation.

SNACKS:

- A different snack will be provided each day. These usually consist of a fruit or vegetable, juice, and another snack.
- ***If your child has an allergy*** please fill in the medical form and inform the group leader.
- Check the White board in the hallway for list of snacks for the current and next day listed on the white board each day.

“If your child is not able to have this snack, we ask that you be responsible to please provide your child with a snack for that day”

CRAFTS: Each day your child will make an awesome craft. Please check your child's group table and find his/her craft. Each craft will have a name label on it.

VOLUNTEERS : Camp is run by the generosity of volunteers to ensure your child has a week filled with fun and faith. We are always in need of extra hands. Check with Sharon about for info and what is needed to volunteer. See registration form for info on how to share your time.

Blessings and Peace

Sharon Darbyshire

VBS Coordinator

For information please contact Sharon at **VBSCamp@olph.ca** (**NEW Email**)

VBS Registration 2025

Cost : \$70.00 per child

Guaranteed a t-shirt if you register by June 9th
(no guarantee to receive a t-shirt) after June 9th)

Payable by cash, cheque or credit with this form
at time of dropping off registration at the Parish Office

\$15 non-refundable fee for cancellation after June 9th
Last day to register for camp is June 22nd

**Staff please Fill out
with payment**

Total \$ _____

PAID BY: Circle
Debit Cash, Credit
or Cheque

Received by _____
Date Received _____

FOR: Pre K group - Children entering Kindergarten in the Fall of 2025

Kindergarten - Gr 5 Children finishing Grade 5 by June 2025

PLEASE PRINT CLEARLY

1st CHILD'S

Last Name _____ **First Name** _____
Birth date _____ Age _____ Grade _____ (completed June 2025)
School Name _____ Alberta's Health Care # _____
T-shirt size _____ (see below)

2nd CHILD'S

Last Name _____ **First Name** _____
Birth date _____ Age _____ Grade _____ (completed June 2025)
School Name _____ Alberta's Health Care # _____
T-shirt size _____ (see below)

3rd CHILD'S

Last Name _____ **First Name** _____
Birth date _____ Age _____ Grade _____ (completed June 2025)
School Name _____ Alberta's Health Care # _____
T-shirt size _____ (see below)

You children will receive a T-shirt if registered by June 9th

****Please check the size with samples to confirm the correct size.**

'We will not have extra sizes to exchange'

Children sizes: sm (6-8) md (10/12) lg. (14/16)

Contact Information

Child(ren) lives with both parents: Mother Father other Specify: _____

Mother's Name _____ Phone # _____ Cell # _____

Father's Name _____ Phone # _____ Cell # _____

Childs Address _____
Postal Code _____

Contact Email _____

Name of Family Doctor _____ Phone Number _____

Emergency Contact name _____ Phone number _____

Relationship _____

Registration Entered BY: _____ Date: _____

Participant Agreement and Release of Liability Form - Appendix 363A

I request that my child/youth

Name of child/youth

Be permitted to participate in the
Catholic Archdiocese of Edmonton

Name of Office/Parish/Camp/Organization

Activity/event/excursion

Name of activity/event/excursion

On

Date(s) of activity/event/excursion

I understand that the event will include the following (list of activities.)

Children will move through stations with a Group Leader. Crafts, Games, Music, Bible Stories, Snacks. Participate in outdoor or indoor games. Running relays, water games, slip n slide, possibility a inflatable or Bouncy castle with slide. Music: jumping ,and dancing in parish Hall.

Crafts - using scissors, painting , gluing, building, using hammers, working in dirt planting.

If a medical emergency involving my child/youth should arise during the activity/event/excursion, I understand that I will be contacted as soon as reasonably possible, and I authorize the archdiocesan office, parish, camp or organization and its staff and volunteers to obtain medical treatment for my child/youth, and to consent to medical treatment on behalf of my child/youth.

I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child/youth, or by me – staff and volunteers will not apply or dispense medication.

In consideration of my child/youth being permitted to attend at the activity/event/excursion, I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the archdiocesan office, parish, camp, organization and its staff and volunteers participating at the activity/event/excursion (collectively, the “Releasees”), from any claims, demands, or actions arising out of any loss, injury or damage to my child’s/youth’s person or property at the activity/event/excursion, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

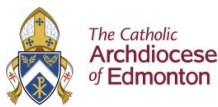
I understand that the archdiocesan office, parish, camp or organization may take photographs, video recordings, and audio recordings of the participants at the activity/event/excursion, including my child/youth, and I authorize the archdiocesan office, parish, camp, organization to do so. I further authorize the archdiocesan office/parish/camp/organization to use or publish any such images or recordings in its sole discretion.

I understand that my child/youth shall be required to abide by all of the rules of the activity/event/excursion, which will be provided to him/her, and that my child’s/youth’s failure to follow these rules may result in my child’s/youth’s immediate dismissal from the activity/event/excursion at my expense.

Print Name of Parent / Guardian

Signature of Parent / Guardian

Date (day/month/year)



IMPORTANT MEDICAL INFORMATION Please fill out as needed

Does your child have Medical issues, special needs , emotional, behavioural concerns or limitations or special circumstances that the Director, Volunteers or medical personal should be made aware of?

If Yes, please give a description below:

Treatment for Condition _____

We will contact you to discuss the conditions before accepting registration. We want to ensure that everyone to has a positive experience. VBS is run totally by volunteers who are not trained to care for children with special needs.

Allergies we should be aware of: _____

Will your child have a **EPI Pen at Camp** ? _____

If so please fill out the Archdiocese of Edmonton Release Form for for EPI Pen attached to back of this form.

Allergies and Snacks

PLEASE NOTE: If your child has a food allergy and is not able to have the snacks we are providing we ask that you send a snack for your child and inform the leader. We cannot guarantee any cross contamination in the kitchen

We will post the snack on the white board every morning so you know what is being provided.

Snacks: A different snack will be provided each day. These usually consist of a fruit or vegetable, juice, and another snack ie: such as crackers , cookies, Chips and more

**Please check the snack board in the morning and at pickup for the next days snack
The snacks are listed on the white board every day Thank you for your co-operation**

NOTE: Please only fill out if your child is bringing a Epi Pen

Release Form for EpiPen — Appendix 363E

Medical consent and Permission to Administer EpiPen

It is the responsibility of the parent/guardian to inform the employee or volunteer leader of the participant’s allergy and EpiPen requirement during the registration process. The parent/guardian of the participant or the participant himself or herself must be in possession of the EpiPen when checking-in for the event. The EpiPen must be kept on the participant at all times and whenever possible a second EpiPen will be kept with the employee/volunteer leader. (The extra EpiPen will be returned after the event). If a participant is exhibiting the symptoms of anaphylactic shock and is clearly unable to administer the EpiPen on his or her own, a trained and designated volunteer will administer the EpiPen and contact EMS.

Disclaimer

The Catholic Archdiocese of Edmonton (office, parish, camp), its staff and volunteers, are not responsible for any death, injury, loss or damage of any kind suffered by any person who is administered an EpiPen.

Description of Risks

Anaphylaxis is a severe allergic response to specific triggers such as food, medication, insect venom, or latex. The most common signs of this life-threatening allergic reaction are swelling of the throat, swelling of the tongue, constricted breathing, and/or sudden outbreak of hives.

Anaphylaxis can be fatal within minutes; either through swelling that blocks airways, or through a dramatic drop in blood pressure. An EpiPen is a fast-acting epinephrine injector that could save the life of someone who is experiencing an anaphylactic reaction.

Release of Liability and Indemnification

I _____ AGREE TO BE SOLELY RESPONSIBLE
Name of Parent/Guardian
for any death, injury, loss, or damage that my child, _____
Name of Participant

may sustain from the administration of any EpiPen. On behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the archdiocesan office, parish, camp, organization and its staff and volunteers participating at the activity/event/excursion (collectively, the “Releasees”), from any claims, demands, or actions arising out of the administration of an EpiPen to my child, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

In order to participate in the activity/event/excursion, this Release Form must be signed by the parent/guardian.

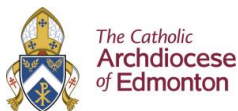
Acknowledgement

I _____ ACKNOWLEDGE THAT I HAVE READ
Name of Parent/Guardian
the above Disclaimer, Description of Risks and Release of Liability and Indemnification. I also acknowledge that I understand, appreciate, and accept the risks associated with the administration of an EpiPen to my child, _____ and that I have executed this permission voluntarily on behalf of
Name of Participant
my child.

Consent

I _____ GRANT PERMISSION TO ADMINISTER AN EPIPEN
Name of Parent/Guardian
if my child _____ has an anaphylactic reaction.
Name of Participant

Signed this _____ day of _____, 20 _____ at _____ Alberta.



Volunteers Needed:

Bible camp is run totally by the generosity of volunteers who take time to ensure your child has a safe and the best camp experience. We are always looking for extra hands during the week.

All volunteers are required to have police and intervention check and "Called to Protect" Workshop (available online)

- For safety of our children we need extra Floaters and Supervision in our groups and areas
- Extra Hands in the Craft room. Before, during after camp (see below)
- Help cleaning up daily in the Kitchen after snacks (approx 11:00-12:30)
- 2 adults to provide supervision and direction at the doors first thing in the morning 8:45- 9:00and at the end of camp at 12:30- 12:45

If you are interested in being a part of our VBS team please contact Sharon Darbyshire
Thank you for your participation to help make camp a fun and safe place to be while learning about how much God love us.

FRIDAY /MONDAY CLEAN UP - Please Consider Helping us Clean Up.

We also need lots of extra hands for the Friday clean up. Many parents come and lend a helping hand. Our volunteers have spent many hours preparing and making sure your child has a wonderful experience at camp. By Friday they are a wee bit tired so any extra help we can have do take down is a blessings.

Also we need help in putting away camp on the Monday July 15th

There will be a sign up sheet during the week for you to volunteer for clean up in Friday morning.

WE DO NOT REQUIRE YOU TO HAVE CHECKS DONE TO HELP WITH CLEANUP

We look forward to having your child at camp again this summer

Blessings and Peace

The VBS Team and

Sharon Darbyshire

For more info contact Sharon Darbyshire at VBSCamp@olph.ca

