VBS EMERGENCY INFORMATION

First Contact Person

Name			Relationship	
Address				
	Street	City	Zip Code	
Phone		Cell		
Second Con	ntact Person			
Name			_ Relationship	
Address				
	Street	City	Zip Code	
Phone		Cell		
Family Doctor			Phone	
Family Dentist			Phone	
Hospital Pr	reference			

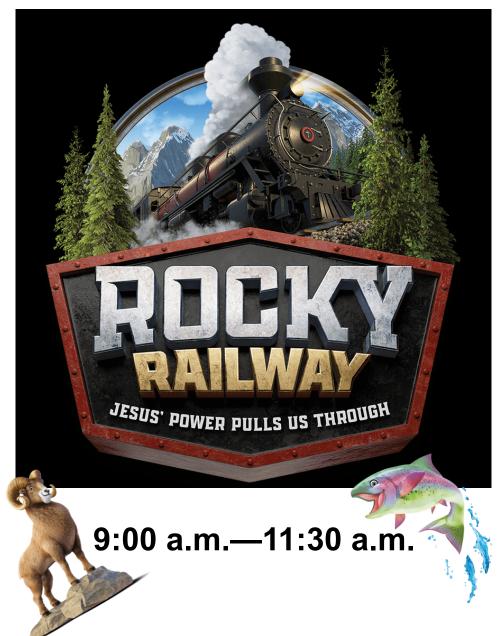
Insurance Company _____

If unable to reach the contact persons above, I give permission to St. Mary's Parish to authorize needed medical treatment for my child during Vacation Bible School hours.

Parent Signature

Date

St. Mary Catholic Church Vacation Bible School June 7-11, 2021



Children ages 4 through those completing fifth grade are invited to share God's love this summer at *Rocky Railway*! Each day offers a new bible story to explore, fun stories, tunes, zany games and yummy snacks.

The cost of the program is **\$15 per student**. Five day helpers pay \$10 per student. Payment must be enclosed with this completed registration form and can be turned in at the parish office. Please have exact change or a check. (we do not have change). Note on the check that it is payment for VBS. (Financial aid is available).

T-shirt transfer will be given at registration. (If you prefer not to iron them on yourself, you may bring in a t-shirt and the transfer and Gameplan will hot press it for you for a \$1 or for free if you purchase the shirt from them- \$6. The hot press will help ensure that the iron-on stays on better than a regular iron.)

We are offering CD's with our Rocky Railway tunes. Cost is \$1.00. (Limit one per child)

Registration deadline is May 21st.

REGISTRATIONS WILL ONLY BE TAKEN AFTER THAT DATE IF WE HAVE EXTRA MATERIALS AVAILABLE FOR PARTICIPANTS.

	Payment \$15.00 X (# of children) = 🦯						
	or \$ 10.00 x (5-day volunteers) =						
	\$1.00 for optional CD X =						
	TOTAL =						
	Date Pd Cash Check						
	Transfer Given Back of form filled out						
	Office Use						

Vacation Bible School Registration Form

Work

Parent name

Address _____

Phone _____ Home

Email _____

Children must be 4 by June 1, 2021 in order to participate. Please list any special/medical needs:

Child(ren)'s name(s)	Birth date (mo/d/yr)	2020-2021 grade completed

Volunteers (14 and older)							
Name							
Area of Interest	_Group Leader	Assist.					
Snack helper	_Games						
Babysitting	_ Decorations	_Stories					
Grade level interest if a leader or assist.							
Days available to help: Mon Childcare is available to childre <u>Name</u> 1.	Tues Wed Thurs en of volunteers <u>only</u> . Ple <u>Age</u>	Fri All ease list: <u>Days Needed</u>					