

REGISTRATION

2021 Vacation Bible School
Mary Mother of the Church
9:00 a.m. to 12 noon Ages 3 thru Grade 5
JULY 12 - 16, 2021 (Pending safe to gather)

Space is Limited. First come, First serve!



Return this form to Mary Mother Parish Office
attn: VBS by June 15th

PARENT: _____ Ph _____

ADDRESS _____ Zip _____

Print Email: _____
(check your email in July for confirmation and opening notes)

Each CHILD'S NAME:	Age	Birthdate	Circle grade completed this year: (Pre1 = age 3; Pre2 = 4 or 5 yr)							
_____	_____	___/___/___	Pre1	Pre2	K	1	2	3	4	5
_____	_____	___/___/___	Pre1	Pre2	K	1	2	3	4	5
_____	_____	___/___/___	Pre1	Pre2	K	1	2	3	4	5

A free will offering will be collected at the end of VBS.

HELP NEEDED: Youth Volunteers must have completed 8th grade and are only assigned to days and roles **as needed** from older to younger youth.

PARENTS: please check the area(s) you will be able to help with (see Prevent & Protect: www.marymother.org)

- | | | |
|--|---|---|
| <input type="checkbox"/> Group Leader (A) | <input type="checkbox"/> Song Leader (I) | |
| <input type="checkbox"/> Group Assistant (B) | <input type="checkbox"/> Song Helpers(J) | |
| <input type="checkbox"/> Story Catechist (C) | <input type="checkbox"/> Help with props or scenery (K) | |
| <input type="checkbox"/> Story Helpers (D) | <input type="checkbox"/> Nursery Worker (L) | <input type="checkbox"/> VBS Director-in-Training |
| <input type="checkbox"/> Snack Leader (E) | <input type="checkbox"/> Photographer (M) | |
| <input type="checkbox"/> Snack Helpers (F) | <input type="checkbox"/> Craft Helper at VBS (N) | |
| <input type="checkbox"/> Game Leader (G) | <input type="checkbox"/> Prepare Crafts before VBS(O) | |
| <input type="checkbox"/> Game Helper (H) | | |

CIRCLE below the day or days of the week you will be available to help:

Set-Up on Sunday (12:15 pm) Mon Tues Wed Thur Fri

EMERGENCY MEDICAL INFORMATION

Allergies or other medical conditions:

In case of emergency, contact:

Name _____ Relationship to child: _____

Cell Phone: _____

In case of accident or serious illness, I request VBS to contact me. If the VBS is unable to reach me, I hereby authorize the VBS to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the VBS may make whatever arrangements seem necessary.

Parent or Guardian Signature _____ **Date** _____

Local Physician's Name _____

Office Telephone _____