

St. Mary's Catholic Church – Vacation Bible School (VBS)  
July 8 – 12, 2019



“None of us lives for oneself; we are the Lord’s!” Romans 14:7–8

**REGISTRATION FORM**

Payment in full along with this completed registration form will secure your child(ren)’s placement in the VBS.

Space is limited. Completed forms and payment can be dropped off to the Parish Office.

Registration forms with payment in full are **due in the parish office no later than Friday, July 5<sup>th</sup>**.

**Cost:** 1st child \$25, 2nd \$20, 3rd \$15. Checks can be made payable to “St. Mary’s”.

*Financial Assistance available. No one is denied participation due to financial trouble. Please inquire in the office.*

**– FAMILY INFORMATION –**

Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Other Person to Contact in case of an Emergency:

\_\_\_\_\_/\_\_\_\_\_  
(Name) (Relationship) Best Phone: \_\_\_\_\_

Name(s) of Child(ren) attending VBS:	DOB:	Grade in Sept. 2019:	T-Shirt size:
1. _____	_____/_____/_____	_____	_____
2. _____	_____/_____/_____	_____	_____
3. _____	_____/_____/_____	_____	_____
4. _____	_____/_____/_____	_____	_____

Allergies/Special Needs of your child(ren): \_\_\_\_\_

**Authorization to Participate in VBS:**

Parent/Guardian's signature: \_\_\_\_\_

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

**– T-SHIRT SIZES –**

- YS** – Youth Small
- YM** – Youth Medium
- YL** – Youth Large
- YXL** – Youth X-Large/Adult small

**For Office Use ONLY:**

Payment: \$ \_\_\_\_\_ Cash  Check  Other

Form & Payment Received: \_\_\_\_\_

Comments:

**PLEASE COMPLETE BOTH SIDES**



*St. Mary's Catholic Church*  
*519<sup>th</sup> East Fourth Street*  
*Alton, IL 62002*  
*(618) 465-4284 / (618) 463-4637 fax*



**Vacation Bible School (VBS) Release Form**

July 8 – July 12, 2019

I, the Parent(s)/Guardian of \_\_\_\_\_, hereby give my permission for his/her participation in the activity mentioned above. I agree to direct my child to cooperate and conform to the directions and instructions of the parish personnel responsible for the youth activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Springfield, its constituent organizations including but not limited to The Roman Catholic Bishop of Springfield, and their officers, employees and volunteer from any and all claims for personal injuries or property damage that he/she) may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above mentioned activities, whether or not caused by the negligence (active or passive) of the parish activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am unaware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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

**PLEASE COMPLETE BOTH SIDES**