



Marvelous Mystery: The Mass Comes Alive



Registration Form

For Children entering K5 to Grade 5 for the 2020-2021 School Year

Dates: July 27- 30, 2020 9:00am -12:00 Noon Monday – Thursday

Thursday-Mass at 11:30am followed by cookout

Location: Saint Frances Cabrini School, 529 Hawthorn Drive, West Bend

For Questions Please Call:

SFC Office: Julie Braun at 262-338-2366

SMIC Office: Mary Abel at 262-338-5600

HA Office: Hannah Bergland at 262-334-9393

Cost: \$40 per child, maximum \$100 per family. Checks can be made out to St. Frances Cabrini

Please return completed form by July 10, 2020 to any West Bend Catholic Parish

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You are only guaranteed a t-shirt if you register by July 10, 2020.

Child #1 Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

T-shirt size: (circle one) **child sizes:** XS S M L / **adult sizes:** S M L XL

Allergies or medical conditions: _____

Child #2 Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

T-shirt size: (circle one) **child sizes:** XS S M L / **adult sizes:** S M L XL

Allergies or medical conditions: _____

Child #3 Information:

Name: _____

Sex: (circle one) M F Age: _____ Grade: _____

T-shirt size: (circle one) **child sizes:** XS S M L / **adult sizes:** S M L XL

Allergies or medical conditions: _____

Summer Camp:

My child is a camper at Camp Cabrini and will arrive and depart with them on:

____Monday ____Tuesday ____Wednesday ____Thursday

(If your child is registered for Camp Cabrini, he/she is required to attend Saints in Training.)

Volunteer:

____ I would like to volunteer this week. Please circle days available: Monday Tuesday Wed Thurs

Print Name _____ Phone: _____ E-mail: _____

Family Information:

Parents/Guardians' Name(s): _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____ Parish: _____

Emergency Contact:

Name: _____

Phone: _____ Email: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, and Parish from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Photo Permission:

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Parish VBS programs. Any other use will require further consent.

Parent / Guardian Signature

Date

Payment Information:

Program Fees: \$40 per child X _____ = \$ _____ (Or Family Max of \$100) Enclosed
 (# of Children)

**Please contact your parish if you need financial assistance.*

Office use only.

Payment received \$ _____ Date of Payment _____