

ST. MARY VBS STUDENT REGISTRAION 2018 (AGE 4 THROUGH 5TH GRADE)

July 9 – 13, 2018 9:00 am to Noon

Complete this form and return with payment (checks made payable to St. Mary VBS) to St. Mary Church, School or PSR Office or put in the offering basket at Mass. Use a sealed envelope marked VBS. Please return by July 1, 2018.

Student Name(s)	Age	Grade (2018-2019)	Youth T-Shirt Size (Circle)	Special Requests (group with sibling, friend, etc.)
			XS S M L XL	
			XS S M L XL	
			XS S M L XL	
			XS S M L XL	

- Does your child(ren) have any special dietary needs, allergies, medical concerns, learning disabilities or medications that we need to know about?

- If reasonable attempts have been made to contact me and/or our emergency contact and have been unsuccessful, I hereby give my consent for medical treatment.
 ___ Agree ___ Decline Signature _____ Date _____

- I grant to St. Mary Church, Delaware, the right to take photographs of my children in connection with VBS. These photos will ONLY be used for a VBS slideshow on the last day, then the photos will be deleted.
 ___ Agree ___ Decline Signature _____ Date _____

Registration fee is \$15 per student with a maximum of \$35. Fee is waived if parent is volunteering for two or more days. CD is optional.

Registration Fee	CD of music (\$10 each)	Total Due
\$	\$	\$

Parent / Guardian: _____ **e-mail:** _____

1st Phone: _____ (circle one - home/cell/work) **2nd Phone:** _____ (circle one - home/cell/work)

Address: _____ **City:** _____ **Zip:** _____

Emergency Contact – not person listed above Name: _____ **Phone:** _____ **Relationship:** _____

Office Use Only	Volunteer: _____	Date Received: _____	CDs: _____	Last Initial: _____
Amount Paid: _____				Crew : _____
(Cash _____ or Check # and date _____)				