



St. Mary/St. Timothy 2020 VBS Registration

June 22-26 Site: St. Mary Time: 9am-12pm

Ages 4-11(pre-school through entering 5th grade in Fall 2020)

Registration deadline June 17. Registration caps at 120 kids

Registration fees (include CD and T-shirt)

Early registration, before 6/1: \$50.00 per child

Regular registration (after 6/1): \$60.00 per child

Maximum per family (3 or more children): \$120.00 per family. Siblings only.

Total fees: \$_____ Checks payable to **Church of St. Timothy**

Return this form to Church Office or Religious Education Office at St. Mary or St. Timothy

Child's Information: (for second/more children use reverse side)

Name: _____

Sex: (circle one) M F

Age: _____

Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L

Allergies or medical conditions: _____

Continued on reverse side

Parents/Guardians' Name(s):

email: _____

Phone Numbers: Best number to be reached at: _____

Second best number: _____ Next best _____

Emergency Contact: Name and relationship: _____

phone: _____

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.

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 your further consent.

Parent / Guardian Signature

Date

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I would like to volunteer to help out with VBS (adult only)

Other Children being registered

Child's name	age	grade completed	T-shirt size	Allergy or other concerns
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				