



The Queen of Heaven Express is leaving the station! Mysteries & Messages Revealed at Each Stop!  
 Discover how Mary brings us closer to Jesus through the POWER of the ROSARY

## St. Mark VBS Kids Registration

### For Children entering Kindergarten - 5<sup>th</sup> grade 2017/2018

**July 17-21, 2017 9 am-12 noon**  
**(Registration ENDS June 12, 2017)**

Parent's Last Name	First Name	Email Address
Address		City
Zip Code		
Cell #	Home #	Work #

Gr	Child's Name	SEX	Birthdate	M	D	Y	Shirt Size	Youth or Adult	S	M	L	XL
Gr	Child's Name	SEX	Birthdate	M	D	Y	Shirt Size	Youth or Adult	S	M	L	XL
Gr	Child's Name	SEX	Birthdate	M	D	Y	Shirt Size	Youth or Adult	S	M	L	XL
Gr	Child's Name	SEX	Birthdate	M	D	Y	Shirt Size	Youth or Adult	S	M	L	XL

**ADULT VOLUNTEERS – Thank you for joining us. We need your help!**

I would like to volunteer. (Please complete Adult Volunteer form.) **REMINDER: If you have a Preschool child or infant in the VBS program, you MUST volunteer to help the entire week of VBS.**

I will not be able to volunteer this year.

**REGISTRATION FOR CHILDREN OF VOLUNTEERS PRESCHOOL AGE**  
 Available ONLY for the adults who are volunteering to work the entire week of VBS  
 Preschool CHILDREN - 3 and 4 year olds - REGISTRATION FEE \$35 PER CHILD

Age	Child's Name	SEX	Birthdate	M	D	Y	Shirt Size	Youth XS S M
Age	Child's Name	SEX	Birthdate	M	D	Y	Shirt Size	Youth XS S M

**NURSERY REGISTRATION (no fees/no t-shirt) 2 years and younger**

Age	Child's Name	SEX	Birthdate	M	D	Y
Age	Child's Name	SEX	Birthdate	M	D	Y

**Make Checks payable to St. Mark**

TOTAL FEES CHILDREN (PREKINDERGARTEN-5 <sup>th</sup> GRADE)	# of children	x \$35 = \$	_____	or \$125.00 Maximum Per Children
TEEN VOLUNTEERS \$15.00 per Teen.	# of teens	x \$15= \$	_____	
Reserve my Soul Tracks Music CD @ \$7.00 per CD	# of CD's	x \$7= \$	_____	
TOTAL RECEIVED	Cash	_____	Check #	_____ = \$ _____

IF YOUR CHILD(REN) WILL BE PICKED UP BY SOMEONE OTHER THAN YOURSELF PLEASE LET US KNOW.

Name of person picking up your child(ren): \_\_\_\_\_

**CONTINUED (2 sided form)**

**Medical Form/Emergency Contact/Photography Release Form**

CHILD'S LAST NAME	FIRST NAME	MIDDLE NAME
Medical Condition	Asthma	
Allergies/Drug Allergies	Routine Medications	

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<b>WAIVER/AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION</b>		
<p>I, who by law may do so, authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken during this event. I will not hold St. Mark the Evangelist Catholic Church, members of the staff or volunteers responsible for accidental harm or injury that may occur during this event. I understand that, in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form immediately.</p>		
PRINT Parent Name	Insurance Company	
Parent Signature	Date	Policy Number
Emergency Phone/Cell Number	Parent Employer/Work Phone	
<b><u>In case of emergency, person to contact other than parent listed above:</u></b>		
Home phone	Cell phone	Work phone

*\*I understand that various photographs may be taken by St. Mark, the newspaper or other media organizations during this program. I give permission for my child(ren)'s picture to be used at the discretion of the program staff.*

Parent Signature is required \_\_\_\_\_ Date \_\_\_\_\_