



**GOD IS YOUR PILOT DURING
FUN-FILLED DAYS
OF CATHOLIC KIDZ CAMP**

St. Mark VBS Kids Registration
For children entering Kindergarten - 5th grade 2018/2019
July 16-20, 2018 9 am-12 noon
(Registration ENDS June 11, 2018)

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-5th GRADE) # of children _____ x \$35 = \$ _____

TEEN VOLUNTEERS \$15.00 per Teen. # of teens _____ x \$15= \$ _____

Reserve my *Angel of God* 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	

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

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

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

WAIVER/AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

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.

PRINT Parent Name	Insurance Company
Parent Signature	Date
Emergency Phone/Cell Number	Policy Number
	Parent Employer/Work Phone

In case of emergency, person to contact other than parent listed above: _____

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 _____