



2021 St. Mark VBS Kids Registration
For children entering Kindergarten - 5th grade
July 12-16, 2021 9 am-12 noon
Registration ENDS June 14
VBS will be held in the St. Mark Parish Center.

Registration will be limited to 125 children.
At this time, masks & social distancing
guidelines will be in place.

Parent's Last Name _____ First Name _____ Email Address _____

Address _____ City _____ Zip Code _____

Cell # _____

Grade Fall of 2021 _____ Child's Name _____ SEX _____ Birthdate M ___ D ___ Y _____ Shirt Size Youth or Adult S M L XL

Grade Fall of 2021 _____ Child's Name _____ SEX _____ Birthdate M ___ D ___ Y _____ Shirt Size Youth or Adult S M L XL

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Grade Fall of 2021 _____ 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= \$ _____

TOTAL RECEIVED Cash _____ Check # _____ = \$ _____

DELIVER Completed Registration & Payment to Parish Office or mail to
1105 W. 15th Street, Plano TX 75075, attn.: VBS

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): _____

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	
<u>In case of emergency, person to contact other than parent listed above:</u> _____	
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 _____