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**BUILDING**

**UP**

**THE BODY OF**

**CHRIST**

**Vacation Bible School 2021 ~ St. Mary Catholic Church ~ Temple, Texas**

**June 21st – 25th 9:00 am – 12:00 pm ~ Early Drop off at 7:30 and Late pick up BY 12:30 pm**

***COMPLETE STUDENT REGISTRATION FORM******AND TURN IN WITH $20.00 TO THE PARISH OFFICE by Wednesday June 2nd to guarantee a T-SHIRT***

**Registration forms at stmarytempletx.org or back of Church, Patricia St.Amour 254-773-4541**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade going into: \_\_\_\_\_\_

**Circle T- Shirt size:** **Youth S M** **L Adult S M L XL 2XL** Cost $20.00 \_\_\_\_\_

Mom’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY helpful behavioral or other information to help your child have a safe & enjoyable time at VBS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If your family is not registered with St. Mary Catholic Church, we welcome you to join our Parish family. \***

**Adult, Parent/Guardian Liability Release Form:**

I hereby consent for son/daughter (listed below) to participate in the St. Mary Vacation Bible School 2021 program. I understand that this program will take place on the parish grounds as chosen by the Director of Faith Formation. My son/daughter will be under the supervision of authorized parish personnel. Finally, I will not hold the Diocese of Austin, St. Mary Catholic Church, its personnel, or volunteers liable in the event of injury. In addition, I hereby grant St. Mary Catholic Church permission to use for promotional purposes any photographs taken during Vacation Bible School 2021.

**Medical & Emergency Information:** Medical, allergy or other health issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment or medication for medical, allergy or health issues: Leave necessary medications (in original packaging with instructions) with the Director of Faith Formation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency person, in case a spouse or parent cannot be reached during VBS:

1. Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Name & Office #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Hospital/Clinic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I Grant permission for non-prescriptive medication and routine non-surgical medical care to be given to my child if deemed advisable by the supervising parish personnel. In case of emergency, I also grant permission to transport myself to the nearest hospital for emergency medical or surgical treatment. I relieve the Diocese of Austin, St. Mary Catholic Church, its personnel, and volunteers of all responsibility and consequence that may arise because of this treatment. The emergency contact will be contacted as soon as possible and will be advised to any further treatment by the hospital medical doctor. Participant is fully responsible for any cost of necessary medical care needed because of participation at St. Mary VBS.

Self or Parent /Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_