

# Vacation Bible School 2022 ~ Going for the Gold!

St. Mary Catholic Church, Temple, TX

Student Registration Form: For children 3 yrs. old - entering 5<sup>th</sup> Grade

June 20<sup>th</sup> – 24<sup>th</sup> 9:00 am – 12:00 pm ~ Early Drop off at 7:30 am and Late Pick up BY 12:30 pm

**\$20.00/child ~ Registration Deadline: Wednesday June 1<sup>st</sup> to guarantee a T-shirt**

Registration forms at [stmarytempletx.org](http://stmarytempletx.org) or on the table in the back of Church.

Return form & money to Parish Office. If questions call Patricia St.Amour, 254-773-4541

Child's Name: \_\_\_\_\_ GRADE GOING INTO: \_\_\_\_\_

Circle T- Shirt size: YOUTH: S M L ADULT: S M L XL 2XL

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

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

Family Mailing Address: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

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. \***

**\* If you want to help at VBS, complete the Volunteer Form and return it to the Parish Office ASAP!! \***

## Parent/Guardian Liability Release Form:

I hereby consent for my son/daughter (listed below) to participate in the St. Mary Vacation Bible School 2022 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 2022.

## 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 parent can't 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 my child 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 as a result of this treatment. I will be contacted as soon as possible and will be advised to any

further treatment by the hospital medical doctor. The parent/guardian will be responsible for payment of any necessary medical care. Parent /Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Vacation Bible School 2022 ~ Going for the Gold!**

**St. Mary Catholic Church ~ Temple, Texas**

**June 20<sup>th</sup> – 24<sup>th</sup> 9:00 am – 12:00 pm ~ Early Drop off at 7:30 and Late pick up BY 12:30 pm**

**PLEASE COMPLETE VOLUNTEER REGISTRATION FORM AND TURN IN TO THE PARISH OFFICE by Wednesday June 1st to guarantee a T-SHIRT**

Registration forms are also at [stmarytempletx.org](http://stmarytempletx.org) or on the table in the back of Church.

If questions call Patricia St. Amour, DFF 254-773-4541

Volunteer's Name: \_\_\_\_\_ Grade going into: \_\_\_\_\_ or an Adult

Circle T- Shirt size: Youth S M L Adult S M L XL 2XL

Spouse's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

OR

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

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

Family Mailing Address: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

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

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**\*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 myself or son/daughter (listed below) to participate in the St. Mary Vacation Bible School 2022 program. I understand that this program will take place on the parish grounds as chosen by the Director of Faith Formation. Myself or 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 2022.

**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 can't 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 myself 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 as a result 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 as a result of participation at St. Mary VBS.

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