



St. Mary of the Hills Vacation Bible School

When: June 19 – 23 2017 9:30 am - Noon

Open to: Children entering Preschool (age 4 by 09/01/17) thru Gr. 5 in Fall 2017

Early Bird Special: \$40 first child, \$35 each additional sibling

After May 14: \$80 first child, \$70 each additional sibling

Hurry: Enrollment is limited to **125** students. Registration will be closed when enrollment is reached or by May 26.

Registration: Please mail or bring in this form (completed), along with payment to the Religious Education Office by May 26, 2017 (Payable to St. Mary of the Hills)

Family Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email* : _____

*confirmation of registration will be emailed by June 1

Please supply the name and phone number of the person(s) to be reached in case of an emergency during Vacation Bible School.

Contact Person: _____ Phone: _____

Contact Person: _____ Phone: _____

Physician's Name: _____ Phone: _____

Please list person(s) permitted to pick up your child from VBS (include Parent(s) names). Your child will not be released to anyone who is not listed here.

PARENT(s) _____

OTHER(s) _____

In case of an accident or serious illness, I request that a representative of St. Mary of the Hills contact me. If I cannot be reached, I hereby authorize said representative to contact the neighbor, relative or physician indicated above; the representative may make whatever arrangements deemed necessary.

I understand that photos will be taken at VBS and will appear on the parish website.

Parent/Guardian _____

Date _____

Please complete the second page of this registration with the names and allergy information of the children who will be attending VBS.

(over)

St. Mary of the Hills Vacation Bible School

Child Information

Student First Name: _____ **Last Name:** _____

Date of Birth: _____ Grade (Fall 2017): _____ Circle One: Male Female

Allergies or other concerns: _____

Student First Name: _____ **Last Name:** _____

Date of Birth: _____ Grade (Fall 2017): _____ Circle One: Male Female

Allergies or other concerns: _____

Student First Name: _____ **Last Name:** _____

Date of Birth: _____ Grade (Fall 2017): _____ Circle One: Male Female

Allergies or other concerns: _____

Student First Name: _____ **Last Name:** _____

Date of Birth: _____ Grade (Fall 2017): _____ Circle One: Male Female

Allergies or other concerns: _____

Early Bird Registration Fee (register by May 14) - fees double after May 14

Registration Fee: One Child - \$40

Two Children - \$75

Three Children - \$110

Four Children - \$145

\$ _____

***** OFFICE USE ONLY*****

Date of Registration: _____

Amount Enclosed: _____

Check # or Cash: _____