



Mary Queen Catholic Church
 Vacation Bible School
 July 17–21, 2017 9:00AM – 12:30PM

FAMILY REGISTRATION

Ages 5 years to Grade Six
 (as of September 1, 2017)

Registration fee: \$30 per child,
 maximum \$90 per family

Non-parishioner registration begins June 19.

For Office Use:	
Currently registered? Yes _____ No _____	
Date received: ____/____/____	
Paid \$ _____ Cash _____ Check # _____	
Last name on check, if different: _____	

Please Pay When Registering

Make checks payable to Mary Queen

___ Check to purchase Music CD for \$7 (optional)

Parent's Name _____	Parish Member: Yes / No
Address: _____	
City/ Zip _____	
Parent's Cell # _____	2 nd phone # _____
Email: _____	
Emergency Contact Name: _____	Emergency Phone # _____

Children must be **ENTERING** Kindergarten to Grade Six in the 2017-2018 school year

Child's Name	Birthdate:	2017-2018 Grade:
Circle T-shirt size: Child S M L Adult S M L	Allergies?	
Child's Name	Birthdate:	2017-2018 Grade:
Circle T-shirt size: Child S M L Adult S M L	Allergies?	
Child's Name	Birthdate:	2017-2018 Grade:
Circle T-shirt size: Child S M L Adult S M L	Allergies?	
Child's Name	Birthdate:	2017-2018 Grade:
Circle T-shirt size: Child S M L Adult S M L	Allergies?	

If possible, place my children in same group as: _____

*Other persons authorized to pick up your children **WITH PRIOR WRITTEN OR VERBAL NOTICE:***

Name(s): _____

See back of form for more information

Nursery Registration

This service is only for children of parents who are volunteering all week. Children ages 3 and up will participate fully in VBS. Children under the age of 3 will be in the nursery. **Nursery – 0-3 years old – No charge, No T-shirt .**

Infant's Name:	Birthdate:	Allergies?
Infant's Name:	Birthdate:	Allergies?

Preschool Registration

3 & 4 years old (\$30 per child, maximum of \$90 per family)

Toddler's Name:	Birthdate:
Allergies /Medical Concerns:	Circle child's age on 9/1/17 3 yrs. 4 yrs.
Circle T-shirt size: Child XS S M L	
Toddler's Name:	Birthdate:
Allergies /Medical Concerns:	Circle child's age on 9/1/17 3 yrs. 4 yrs.
Circle T-shirt size: Child XS S M L	

*****THE 2017 VBS PARENT /GUARDIAN CONSENT FORM
MUST ACCOMPANY THIS REGISTRATION FORM*****

If you have questions, contact Katie Langehennig, VBS Coordinator, at katie.langehennig@me.com



Mary Queen Catholic Church
 Vacation Bible School
Volunteer Registration
 July 17-July 21, 2017

**Volunteers arrive at 8:30AM
 and leave around 1:00PM**

For Office Use:	
Currently registered? Yes _____ No _____	
Date received: ____/____/____	
Paid \$ _____ Cash _____ Check # _____	
Last name on check, if different: _____	

Please Pay When Registering
 Make checks payable to Mary Queen
 Circle to purchase (both are optional)
 T-shirt: \$ 8 Music CD: \$ 7

**** If you are 18 years or older, you must be VIRTUS-trained and approved prior to the week of VBS. Go to www.virtus.org to register.****

Volunteer's Name	Adult? (Y/N) _____ or grade entering in 2017-18: _____
Cell #	**Date of last VIRTUS approval
Volunteer's Email	Work #
Request to work with (name)	T-shirt size _____ \$8 if ordering Adult S M L XL
Emergency Contact Name	Emergency Contact Phone #
Volunteer stations: _____ Crew Leader _____ Kindergarten Crew Leader _____ Nursery _____ Arts/Crafts (Rank choices 1, 2, 3) _____ Snacks _____ Bible Stories _____ KidVid _____ Games _____ Photographer	

****If your are under 18 years old, complete this section****

Parent's Name	Parent's Phone
Parent's Email	
Emergency Contact Name	Emergency Contact's Cell #
Relationship to the Volunteer	Physician's Name & Phone #

All volunteers must attend **ONE** of the mandatory training sessions
 7:00-8:00 p.m., in the Mini Hall:

___ Tuesday, June 20 ___ Wednesday, June 28 ___ Wednesday, July 12

**Adult Center Leaders must also attend a safety meeting
 Sunday, July 9, 12:00-1:30 p.m., in Room 120/125**

See back of form for more information

July 17–21, 2017

YOUTH PARTICIPANT

By signing the line below I agree to abide by all policies and rules established for this event as provided at the mandatory volunteer meeting. Most importantly, I will abide by the 2 x 2 volunteer rule to always have another youth or adult with me when supervising children. I will not take, post or share Vacation Bible School photographs of anyone other than myself by means of social media without the written permission of the VBS Director. Should I not be able to maintain the guidelines or expectations of the supervising adults or my peers, I understand that there will be consequences such as removal from an activity, phoning a parent, or being sent home for part or all of VBS.

X _____
Signature of Youth Volunteer

_____/_____/_____
Date

ADULT PARTICIPANT

In consideration of my participation in this event, I agree on behalf of myself, and my heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my participation in the event.

X _____
Signature of Adult Volunteer

_____/_____/_____
Date

*****THE 2017 VBS PARENT /GUARDIAN CONSENT FORM
MUST ACCOMPANY THIS REGISTRATION FORM*****

2017 VBS PARENT /GUARDIAN CONSENT FORM

IMPORTANT! THIS PAGE MUST BE SUBMITTED WITH THE REGISTRATION FORM!

To be filled out by the parent or legal guardian of children under 18 years of age.

Print the names & grades of all the children or youth from the registration form(s)

1 _____ Name _____ Grade _____	4 _____ Name _____ Grade _____
2 _____ Name _____ Grade _____	5 _____ Name _____ Grade _____
3 _____ Name _____ Grade _____	6 _____ Name _____ Grade _____

MEDICAL CONSENT

In the event of an emergency, I hereby give permission to the staff of Mary Queen Catholic Church to seek emergency medical transport or treatment for my child named below. I will be responsible for costs incurred. I wish to be advised before further care is given by the hospital or doctor. If I cannot be reached, contact:

Name & Relationship _____ Phone (_____) _____ - _____
Family Doctor _____ Phone (_____) _____ - _____
Insurance Name _____ Group Number _____
Insurance Phone Number (_____) _____ - _____ Check here if not insured

On the back of this form, list any medical conditions, life-threatening allergies, etc. for #1-6 above.

In the event of any accident or injury, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____ the children named below, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-Houston, its pastor or any representative of Faith Formation and Youth Ministry, unless the parties involved were careless and negligent.

Signature of Parent /Guardian _____ Date _____

VIDEO /PHOTOGRAPH CONSENT

As parent /guardian, I understand that promotional pictures and videos (individual and group) may be taken during VBS activities. I give permission for my child's pictures (named below) to be used for church promotional materials such as newsletters, web pages, calendars, Power Point presentations, or videos to promote or highlight these classes or activities. My child's name will not be released without further consent.

Signature of Parent /Guardian _____ Date _____

CONSENT & LIABILITY WAIVER

I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD OR YOUTH NAMED ABOVE. I HAVE READ THE PARENT /GUARDIAN CONSENT FORM. I FULLY UNDERSTAND AND ACCEPT THESE POLICIES AND GUIDELINES KNOWINGLY, FREELY AND WILLINGLY.

Primary Contact Number (_____) _____ - _____ Alternate Number (_____) _____ - _____
Evening Number, if different from above (_____) _____ - _____

Parent's Printed Name _____

Signature of Parent /Guardian _____ Date _____