

St. Mary Magdalene  
Vacation Bible School Registration Form  
July 13-17, 2026

Student's Last Name \_\_\_\_\_ Parent's Last Name \_\_\_\_\_  
Student's First Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Student's Address \_\_\_\_\_ Parent's Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Student's Grade (Grade entering in Fall) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Student's "Goes By" Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Allergies or Other Medical Concerns \_\_\_\_\_ In Case of Emergency :  
Please Call \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**Early Bird Registration \$25.00 if paid by June 8<sup>th</sup> - Registrations after this date \$35.00. Registration Deadline June 20<sup>th</sup>.**

**TO REGISTER: Place your completed registration form and payment in an envelope marked "VBS Registration". Take it to the Parish Office, place it in the Sunday Collection, or Office Dropbox, located by the ramp outside the Parish Office.**

Office use: Registration Payment Date \_\_\_\_\_ Payment Received \_\_\_\_\_

Please list any other information we need to know about your child for this program:

\_\_\_\_\_

Each child will receive a t-shirt. Please indicate child's size: Child Size: \_\_\_\_\_ or Adult Size \_\_\_\_\_  
(XS S M L) (S M L XL XXL)

**Dear St. Mary Magdalene Parish,**

I, \_\_\_\_\_ am the \_\_\_\_\_ of \_\_\_\_\_  
(Name of parent or guardian) (Father, Mother, Custodial/Legal Guardian) (Child's Name)

a participant in the St. Mary Magdalene Vacation Bible School from July 13<sup>th</sup> through July 17<sup>th</sup> 2023, consent to the child's participation in such activity.

I understand that I am responsible for the transportation of my child to and from this activity. In consideration of the child being allowed to participate in the activity, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the activity and I further release the Diocese of Cleveland, St. Mary Magdalene Parish, employees, and volunteers from St. Mary Magdalene from all claims, judgements, liability for injury or damage due to the child's participation in the activity including all risks connected therewith whether foreseen or unforeseen.

Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. I fully understand what is involved in the activity and I understand that I have the opportunity to call the Parish Office at (440) 943-2133 to ask about the activity.

In case of accident, I request a VBS staff person to contact me. I can be reached at the following number \_\_\_\_\_. If I cannot be reached, please contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_

In the event reasonable attempts to contact me are unsuccessful, I hereby give my consent for the transfer of my child to any hospital reasonably close by and for treatment by a licensed physician or dentist.

**Please sign below in ink. (No child will be permitted to attend the activity without this signed request)**

\_\_\_\_\_  
Parent/Guardian Signature Date