

# SUMMER CATHOLIC YOUTH WEEK REGISTRATION FORM

(Vacation Bible School—for Kinder-5th grade going into 6th)

## OUR LADY OF CONSOLATION

204 PALM AVE.

RIVIERA, TX 78379

**Location:** Church Hall, Vattmann

**JULY 6-9, 2026**

Monday-Thursday

**9:00 AM-12:30 PM**



Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Does child attend a Religious Education Program \_\_\_\_\_ Where \_\_\_\_\_

**YOUTH VOLUNTEER, please check this blank \_\_\_\_\_**

### Name of Parents or Legal Guardians:

Father \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Mother \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email address for parents: \_\_\_\_\_

Your Parish Church \_\_\_\_\_ City \_\_\_\_\_

Emergency contact person if unable to reach parent/guardian \_\_\_\_\_

Phone # of contact person \_\_\_\_\_

Does your child have any allergies or special health needs? \_\_\_\_\_

### T-shirt Size

Child XS	_____	Adult S	_____
Child S	_____	Adult M	_____
Child M	_____	Adult L	_____
Child L	_____	Adult XL	_____
Child XL	_____	Adult XXL	_____

**Fee:** \$35 per child. Fee includes T-shirt, snacks, craft supplies, etc. Please mail forms and checks to Our Lady of Consolation, 204 Palm Ave, Riviera TX 78379, drop in collection, place in Rectory drop box on the porch, or give to Debbie Unterbrink. We must have a completed Registration Form and fee on file to participate. For more information or questions please contact Debbie Unterbrink, Director of Religious Education at 361-297-5310 or 361-455-3725. Checks should be made payable to *Our Lady of Consolation*, and put *Catholic Youth Week* in the memo line. **Please complete the back form also.**