

ALL ABOARD THE QUEEN OF HEAVEN EXPRESS !! TRACKING MARY MYSTERIES + MESSAGES

Registration on website
www.churchofsaintmary.org

Fun is chugging around the bend with:

- Full Steam Faith
- Boxcar Bible
- Caboose Crafts
- Gondola Games
- Switchback Snacks
- Steam Whistle Music

St. Mary
Vacation Bible Camp
June 26 - 30, 2017
8:45am - 12:00pm
Children ages 4-10
are invited to join us.
\$30.00 per camper



QUEEN OF HEAVEN EXPRESS	
DAY	DESTINATION
1	FRANCE
2	PORTUGAL
3	MEXICO
4	IRELAND
5	ENGLAND

Saint Mary Roman Catholic Church
40 Spring Mount Road Schwenksville, PA 19473
Office of Religious Education 610-287-8156



**VACATION BIBLE CAMP
REGISTRATION FORM - 2017**

THEME – Tracking Mary Mysteries + Messages

Explore the Joyful Mysteries of the Rosary and the fruits of those mysteries; humility, love, obedience, joy and poverty, in a way that connects with today's youth. As passengers on The Queen of Heaven Express, children will travel with Our Blessed mother to some of the faraway places she appeared; Lourdes, Fatima, Guadalupe, England, and Ireland.

DATES: Monday, June 26th, thru Friday, June 30th, 2017

TIME: 8:45 am – 12:00 pm

Ages: 4 – 10 Years Old

Enrollment is on first come, first serve basis.

Registration Fee: \$30.00 per child. Please make checks payable to St. Mary Church

The fee is due when you submit your registration form.

\$10.00 of the registration fee is non-refundable. All balances are due by June 24th, 2017

Date of Registration _____

CHILD'S NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE _____

AGE _____ DATE OF BIRTH _____

GRADE AS OF SEPTEMBER 2017 _____

MOTHER'S NAME _____ WORK PHONE _____

MOTHER'S HOME PHONE _____ CELL PHONE _____

FATHER'S NAME _____ WORK PHONE _____

FATHER'S HOME PHONE _____ CELL PHONE _____

I agree to register my child for St. Mary's Vacation Camp.

I understand that pictures may be taken for community service projects and parish bulletin and website. Yes No

PARENT SIGNATURE _____ Date: _____

PLEASE COMPLETE MEDICAL FORM ON REVERSE SIDE

OFFICE USE ONLY: DATE PAID _____ AMOUNT \$ _____ CHECK # _____ CASH \$ _____

Saint Mary's Parish Religious Education Program
Medical Release Form VBC 2017

Student Name: _____ Date of Birth: _____

Parent's Name: _____ Home Phone: _____ Cell #1: _____

Complete Address: _____ Cell #2: _____

EMAIL address: _____

Confidential Medical Information and release of liability

In case of emergency, when parents cannot be reached, contact:

Name: _____ Relationship: _____

Emergency phone: _____

Child's Physician: _____ Phone: _____

Does your child have any learning, physical, medical, or psychological challenges
(If Yes, please indicate any medications that they may need.)

Does your child take any medication on a regular basis? If yes, state kind/reason.

Does your child have any allergies (bee stings, foods, medication)? _____

Are there any activity restrictions for your child? _____

I give my full consent to the Saint Mary's Parish Staff to engage any medical professionals to administer emergency medical treatment, if deemed necessary, to my son/daughter in the event of an unforeseen injury or illness or suspect injury. For myself, my family members, and my son or daughter, I agree to indemnify and hold harmless Saint Mary's Parish, its employees and volunteers, and the Archdiocese of Philadelphia, harmless from and against all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities.

Hospital Preference: _____

Medical Insurance Co: _____

Policy # _____ Group # _____

I have carefully read and fully understood the medical information and release of liability, stated herein and subject to all of the above, I agree to my own and my son's/daughter's participation in Saint Mary's Religious Education Program, and accept the terms and conditions as stated.

Parent/Guardian Signature: _____ Date: _____

A Separate form is needed for each student

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2017 VOLUNTEER FORM
VACATION BIBLE CAMP

Our Religious Education and Vacation Bible Camp Programs are built on volunteers. Each family is asked to donate some of their **time**, **talent** and **treasure** to our program. Please check your way to help.

NAME _____ HOME PHONE (____) _____ - _____

ADDRESS _____ WORK PHONE _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL _____

IN CASE OF EMERGENCY, PLEASE CONTACT _____

RELATIONSHIP _____ PHONE _____

HOSPITAL PREFERENCE _____

MEDICAL INSURANCE CO. _____ POLICY # _____

WE MUST HAVE A COPY OF YOUR POLICE REPORT AND CHILD ABUSE REPORT.
THESE REPORTS ARE REQUIRED TO BE ABLE TO VOLUNTEER FOR THE PROGRAM.

_____ Please check here if you already have a copy of this on file at St. Mary Parish.

Vacation Bible Camp –

Catechist Bible Story _____ Catechist Faith Lesson _____ Group Leader _____ Volunteer _____

4 year olds _____ 5 year olds _____

6 year olds _____ 7 year olds _____ 8 year olds _____

9 year olds _____ 10 year olds _____

Arts and Crafts coordinator _____

Music coordinator _____

Kitchen coordinator _____

Games coordinator _____

Classroom aide _____

Decoration _____

DON'T LET LACK OF EXPERIENCE KEEP YOU AWAY!