



St. Margaret Mary Vacation Bible School
 July 18 - 22, 2011 from 9 a.m. until noon
 Ages 4 - 11 Registered Parishioners Only
 Limited Space - Don't Delay!!

Please print (One form per family)

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell: _____

Email Address: _____

I can volunteer (adult). Please contact (name): _____

- I can help set up on Sunday, July 17 from 1:00 - 3:00
- I would like to work in the infant/toddler room (ages 0-3)
- I would like to work with the 3-year old crew (must work 5 days).
- I would like to work in the preschool VBS area (ages 4 - K)
- I would like to work in the elementary VBS area (Grades 1 - 6)
 (Youth volunteers complete a separate form.)

What areas are you most interested? Please circle:
 ((Drama)) ((Snacks)) ((Crafts)) ((Book & video)) ((Leading music)) ((Games)) ((Childcare)) ((Prep work))

It is very helpful for volunteers to bring a cell phone to VBS to find out messages and changes.

Babysitting is available for Volunteers' children too young for VBS!

MY CHILD(REN) HAVE PERMISSION TO PARTICIPATE IN VBS ON JULY 18-22.

SIGNATURE: _____

IN CASE OF EMERGENCY, CONTACT:

MOTHER: _____ PHONE: _____ (W) _____ (C)

FATHER: _____ PHONE: _____ (W) _____ (C)

OTHER: _____ PHONE: _____ (W) _____ (C)

PLEASE - LIST EACH CHILD ON THE BACK!



Students going into 6th grade Fall 2011 are automatically assigned as Asst. Crew Leaders with an Assistant Crew T-Shirt (regular registration fee will apply).

1. Child's Name: _____ Age on 10/15/11: _____
 Date of birth: _____ Next grade starting Fall 2011: _____
 M/F: ___ Youth T-shirt size: _____ Allergies, medical conditions, and other special needs: _____

2. Child's Name: _____ Age on 10/15/11: _____
 Date of birth: _____ Next grade starting Fall 2011: _____
 M/F: ___ Youth T-shirt size: _____ Allergies, medical conditions, and other special needs: _____

3. Child's Name: _____ Age on 10/15/11: _____
 Date of birth: _____ Next grade starting Fall 2011: _____
 M/F: ___ Youth T-shirt size: _____ Allergies, medical conditions, and other special needs: _____

6th Grader's Name: _____ Age on 10/15/11: _____
 Date of birth: _____ Youth T-Shirt Size: _____
 M/F: ___ Allergies, medical conditions, and other special needs: _____

Please send completed registration form plus the following fee to
 St. Margaret Mary, Religious Ed. Office, Attn. Devah Tritz
 123 N. 61st St., Omaha, NE 68132, by May 31.

Limited to 100 pre-schoolers (age 4 by 10/15/11 thru entering K) - AND - 200 grade schoolers going into 1st grade through 6th Fall 2011.

Number of children: ___ x \$35 per child registration fee = _____

Optional music CD: ___ x \$7 per CD ordered = _____

Total = _____

Everyone receives a free T-shirt!



Verified SMM _____ Amt pd _____ Chk # _____ Date _____ Email sent _____ Babysitting _____ Volunteer list _____