



Come Join
St. Mary Church On...

A Walk With Mary



Games



Music



Arts and Crafts



Let's find out more about Mary
at this year's **Vacation Bible School!**

Monday, July 24th - Friday, July 28th

9am until Noon

Ages 4yrs-10yrs are welcomed

For any questions please call
the rectory office at 924-4163.

St. Mary Vacation Bible School
Sponsored by St. Mary Church

Daily cash donations will be collected



Snacks



St. Mary Vacation Bible School
525 N. Broad St, Griffith
219-924-4163
stmarygriffith@comcast.net

A Walk With Mary

July 24th - July 28th
9am - Noon
In the St. Mary School Building

REGISTRATION FORM

If your child is interested in attending this year's VBS, please fill out and return this form to the rectory office or place into the Sunday collection basket.

Parent(s) Name: _____

Address: _____ City: _____ Zip: _____

Home Ph: _____ Cell Ph: _____

Are you parishioners of St. Mary? Yes No

If no, which parish? _____

Child/Children Information: Please fill out the medical form on the back side, **one per child.**

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Parent Signature: _____

If you are interested in volunteering to help make this vacation bible school a success, please attend our informational meeting on **Monday, June 12, at 6pm** at Hildebrandt Hall. Call or email the rectory office with any questions.

**St. Mary Vacation Bible School
Medical Form**

Please complete one medical form per child and return to the rectory office or in the Sunday collection basket. Extra medical forms are available in the rectory office or in the back of church.

Child Name: _____

Address: _____ City _____ Zip Code _____

Home Ph: _____ Cell Ph: _____

Father's Name: _____ phone: _____

Mother's Name: _____ phone: _____

Does your child have any allergies? Yes No

If Yes, please list: _____

Is your child presently under a doctor's care? Yes No

If Yes, please explain: _____

Is your child presently on medication? Yes No

Please list medications and reasons: _____

Please note any other significant medical information: _____

Emergency Contact Name: _____

Emergency Contact Ph: _____ Relationship to child _____

Due to the Hippa law, I understand that the St. Mary's staff and any volunteers will see this form.

Parent Signature: _____