



Vacation Bible School



is *marching* into

St. Mark Church's



gym & cafeteria

(4220 Ripa Ave. / St. Louis, MO 63125)

**Monday — Friday, July 16th — 20th
9 to 11:45 a.m.**

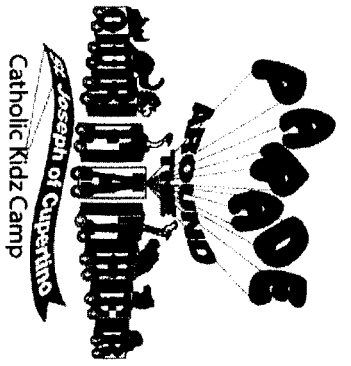


All children from incoming Kindergarten to incoming 5th
grade are welcome to join us!

A child need not be a St. Mark Parishioner,
nor attend St. Mark School or PSR.

For more information about VBS:

314.743.8604 or christinasanders@archstl.org



ST. MARK PARISH
 (15th annual)
Vacation Bible School
Monday-Friday, July 16-20, 2018
9:00 a.m. to 11:45 a.m.
St. Mark Church's gym & cafeteria
(4200 Ripa Ave. / St. Louis, MO 63125)

REGISTRATION FORM: <i>Please complete one form per child.</i>	
Child's Name: _____	Nickname: _____
Street address: _____	Zip: _____
Birthdate: _____	Gender: _____
	Grade in 2017-18: _____
All children from incoming Kindergarten to incoming 5 th grade are welcome to join us! A child need not be a St. Mark Parishioner, nor attend St. Mark School.	

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Father's Name: _____

E-mail: _____

E-mail: _____

H: _____ C: _____ W: _____

H: _____ C: _____ W: _____

Please contact me regarding VBS Volunteer opportunities: Yes No

Please contact me regarding VBS Volunteer opportunities: Yes No

Your Parish/Church: _____

School attending in 2017-2018: _____

Does your child have any allergies? _____

EMERGENCY CONTACTS (other than parents or doctors):

Name: _____	Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____	Relationship to Child: _____
H: _____	H: _____	H: _____
C: _____	C: _____	C: _____
W: _____	W: _____	W: _____

PHYSICIAN NAME, Clinic, and Phone Number: _____

For emergency medical treatment of my child, my preferred hospital is: _____ Hospital #: _____

OTHERS AUTHORIZED FOR PICK-UP from VBS (other than Parents listed above):

Name: _____	Name: _____
Phone: _____	Phone: _____

FULL PROGRAM FEE if paid:

by June 25th: \$30 for 1st child; \$25 for 2nd child; \$20 for 3rd child or more.
 after June 25th: \$40 for 1st child; \$35 for 2nd child; \$30 for 3rd child or more.

Return this form, fee (cash or check payable to St. Mark), & Media Release form to:
 St. Mark Church @ 4200 Ripa Ave. / St. Louis, MO 63125.

ON MONDAY, JULY 16th: BRING WHITE T-SHIRT TO BE TIE DYED. In permanent ink, write child's full name on the inside collar.



ARCHDIOCESE OF ST. LOUIS
Office of Communications and Planning
MEDIA AUTHORIZATION

Introduction

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

Levels of Authorization

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media

Yes No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, *The e-Vangelizer* (newsletter published by the Catholic Education Center) and any publication(s) by agencies administered by the Archdiocese of St. Louis

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, KSDK-TV and *Catholic Family Magazine*)

Yes No

Family Authorization *(Please print clearly.)*

Family Name:
Phone:
Email:
School Name:
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

Child(ren)'s Name(s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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