

## **Student Registration Form**

## St. Mary Antiochian Orthodox Church - June 24-28, 2024 | 9:00 am - 12:30 pm

Parent & Emergency Contact Info									
Parent Name									
Full Address									
City			State		Postcode				
Church you attend									
E-Mail									
Mobile Number									
Emergency Contact	Name		Mol	oile Number					
Please list those aut	horized to pick u	ıp your child fror	m VBS						
Student I	nformatior	า							
Student #1 Name			Date of Birt	h / .	/ Gender	М	F		
Grade Completed	Kindergarten	lst 2nd	3rd 4th 5tl	רביים ביות אוניים א זי אוניים אוני					
Please list any allergies or medical concerns for Student #1									
i iease not any ane.	gies of medical	concerns for Su	udent #I						
		concerns for Su	udent #I						
					/ Condor				
Student #2 Name			Date of Birtl	, ,	/ Gender	М	F		
Student #2 Name Grade Completed	Kindergarten	lst 2nd	<b>Date of Birtl</b> 3rd 4th 5tl	, ,	/ Gender	М	F		
Student #2 Name	Kindergarten	lst 2nd	<b>Date of Birtl</b> 3rd 4th 5tl	, ,	/ Gender	М	F		
Student #2 Name Grade Completed	Kindergarten	lst 2nd	<b>Date of Birtl</b> 3rd 4th 5tl	, ,	/ Gender	М	F		
Student #2 Name Grade Completed	Kindergarten	lst 2nd	<b>Date of Birtl</b> 3rd 4th 5tl	n	/ Gender	м	F		
Student #2 Name Grade Completed Please list any aller Student #3 Name	Kindergarten <b>gies or medical</b> (	lst 2nd	Date of Birtl 3rd 4th 5tl udent #2	n / ,		_			
Student #2 Name Grade Completed Please list any aller Student #3 Name	Kindergarten <b>gies or medical o</b> Kindergarten	1st 2nd stand	Date of Birtl 3rd 4th 5th udent #2 Date of Birtl 3rd 4th 5th	n / ,		_			
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed	Kindergarten <b>gies or medical o</b> Kindergarten	1st 2nd stand	Date of Birtl 3rd 4th 5th udent #2 Date of Birtl 3rd 4th 5th	n / ,		_			
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed Please list any aller	Kindergarten <b>gies or medical o</b> Kindergarten	1st 2nd stand	Date of Birtl 3rd 4th 5th udent #2 Date of Birtl 3rd 4th 5th udent #3	n / ,	/ Gender	М	F		
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed Please list any aller Student #4 Name	Kindergarten gies or medical o Kindergarten gies or medical o	lst 2nd concerns for Stu lst 2nd : concerns for Stu	Date of Birth 3rd 4th 5th udent #2 Date of Birth 3rd 4th 5th udent #3 Date of Birth	n / ,		_			
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed Please list any aller Student #4 Name	Kindergarten gies or medical o Kindergarten rgies or medical o	lst 2nd concerns for Stu lst 2nd a concerns for Stu	Date of Birth 3rd 4th 5th Jdent #2 Date of Birth 3rd 4th 5th Jdent #3 Date of Birth 3rd 4th 5th	n / ,	/ Gender	М	F		

## Photo Policy

I hereby grant permi	ssion for	St. Mary Antiochian Orthodo:	x Church	(church name	) to recor	rd sounds, images, or video of my
child(ren).						(name(s)) while attending Super
Saints, Heroes of Ou	r Faith. I al	lso give permission for	St. Mary Antie	ochian Orthodox Ch	urch	(church name) at its sole
discretion, to use the	ese sound:	s, images, or videos in pu	ublications (ir	ncluding print, w	ebsites, a	nd social media
platforms) owned by	St. Mary	Antiochian Orthodox Church	(churc	h name) in relati	on to this	Vacation Bible School program.
						Initials:
Payment	& Sig	nature Sectio	n			
	-	students you register iclude payment in the				Indicate by your signature that
1 child for \$_		3 children for \$		Signaturo		
2 children fo	r \$	4 children for \$		Signature:		
						at you please consider

making a donation to St. Mary Church School on the first day of VCS or by mailing a check to: St. Mary Church School | 10303 Boyd Street | Omaha, NE 68134

Please turn in the registration form to Kim Palmer, or mail completed registrations to St. Mary Orthodox Church (10303 Boyd Street Omaha, NE 68134). Registration forms can also be emailed to Kim Palmer at kimnpalmer713@gmail.com

## **REGISTRATIONS ARE DUE: JUNE 12th**

Please contact Kim Palmer with any questions: call or text 402-658-1569 or email kimnpalmer713@gmail.com

Office Use Only

**Amount Paid** 

Comments

Date Received