

## **Student Registration Form**

St. Mary Antiochian Orthodox Church - June 23-27, 2025 | 9:00 am - 12:30 pm

Parent &	Emergency	/ Contact I	nfo				
Parent Name							
Full Address							
City			State	Р	ostcode		
Church you attend							
E-Mail							
Mobile Number							
Emergency Contact	: Name		Mob	ile Number			
Please list those aut	horized to pick u	p your child fror	m VBS				
Student I	nformation	n					
Student #1 Name			Date of Birth	/ /	Gender	М	F
Grade Completed	Kindergarten	1st 2nd :	3rd 4th 5th	1			
	9		5.G 16.1 56.	•			
Please list any aller			_	Shirt Size			
Please list any aller			_				
Please list any aller			_	Shirt Size	Gender	М	F
		concerns for Stu	udent #1 T-	Shirt Size	Gender	М	F
Student #2 Name	rgies or medical  Kindergarten	concerns for Stu	Date of Birth  3rd 4th 5th	Shirt Size	Gender	М	F
Student #2 Name Grade Completed	rgies or medical  Kindergarten	concerns for Stu	Date of Birth  3rd 4th 5th	Shirt Size	Gender	M	F
Student #2 Name Grade Completed Please list any aller	rgies or medical  Kindergarten	concerns for Stu	Date of Birth  3rd 4th 5th	Shirt Size			
Student #2 Name Grade Completed Please list any aller Student #3 Name	Kindergarten  gies or medical o	lst 2nd :	Date of Birth  3rd 4th 5th  udent #2  Date of Birth	Shirt Size	Gender	M M	F
Student #2 Name Grade Completed Please list any aller	Kindergarten  Gies or medical of the second	lst 2nd i	Date of Birth  3rd 4th 5th  Udent #2  Date of Birth	Shirt Size			
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed	Kindergarten  Gies or medical of the second	lst 2nd i	Date of Birth  3rd 4th 5th  Udent #2  Date of Birth	Shirt Size			
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed	Kindergarten  Gies or medical of the second	lst 2nd i	Date of Birth  3rd 4th 5th  Udent #2  Date of Birth	Shirt Size			
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed	Kindergarten  Gies or medical of the second	lst 2nd i	Date of Birth  3rd 4th 5th  Udent #2  Date of Birth	Shirt Size			
Student #2 Name Grade Completed Please list any aller Student #3 Name Grade Completed Please list any aller	Kindergarten  Gies or medical of the control of the	lst 2nd 3	Date of Birth  John Str.  Date of Birth	Shirt Size	Gender	M	F

		Cl. 1				
I hereby grant permission f	for St. Mary Antiochian Orthodo:	x Church	(church name) to reco	rd sounds, image	s, or video of my	
child(ren).				(name(s)) while a	attending Super	
Saints, Heroes of Our Faith	n. I also give permission for	St. Mary Antio	chian Orthodox Church	(church name)	at its sole	
discretion, to use these so	unds, images, or videos in pu	ublications (in	cluding print, websites, a	and social media		
platforms) owned by St. I	Mary Antiochian Orthodox Church	ı (church	n name) in relation to this	s Vacation Bible S	chool program.	
				Initials:		
Saints, Heroes of Our Faith	unds, images, or videos in pu	ublications (in	cluding print, websites, a	(church name) a and social media s Vacation Bible S	at its sole	

## Payment & Signature Section

Photo Policy

Please confirm how many students you registered on the other side of this sheet. Indicate by your signature that you agree to pay and will include payment in the envelope with this registration.

1 child for \$	3 children for \$	
2 children for \$	4 children for \$	Signature:

There is no cost to attend Vacation Church School but we ask that 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: MAY 31st** 

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

Office Use Only

Amount Paid Comments