



St. Matthew Catholic Church Vacation Bible School 2026

June 29th through July 2nd

9:00 a.m. - Noon

Rising Kindergarten - Rising Sixth Grade

\$35 for one child or \$60 per Family*

FAMILY NAME: _____

Home Telephone: _____

ADDRESS: _____
Number & Street
City
Zip Code

Daytime Telephone: _____ / _____
Father
Mother

Emergency Contact: _____
Name
Phone
Relationship to child

Child(ren) may be picked up by: Parents Brother/Sister Other: _____
(Specify name & relationship)

Student's Name			Date of Birth	Grade Entering Fall 2026
Last	First	Nick Name		

**PLEASE COMPLETE THE PERMISSION SLIP ON THE
REVERSE SIDE OF THIS FORM.**

*Tuition is waived for children of volunteers

Registration forms may be mailed, emailed, or hand carried to the Religious Education Office.

8200 Robert E Lee Drive
 Spotsylvania, VA 22551
 stmatthewre@comcast.net

Saint Matthew Catholic Church
8200 Robert E Lee Drive
Spotsylvania, VA 22551

PERMISSION SLIP AND MEDICAL RELEASE

I, _____ (parent/guardian) give permission for my child(ren) listed on the front of this form, to participate in the St. Matthew Vacation Bible School from Monday June 29th through Thursday July 2nd from 9:00 a.m.- Noon.

In the event that I cannot be reached, I hereby grant permission for my child to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

Please provide all necessary information about insurance:

Insurance Carrier: _____ Policy Number: _____

I will not hold Saint Matthew or the Diocese of Arlington, chaperones, or representatives in association with this activity responsible in the event of injury.

My Child is Allergic to (Medication-food-other) _____

My child is taking medication (indicate dosage, frequency, etc.):

You should be aware of these special medical conditions of my child (dietary, asthma and other concerns):

Parent's Signature: _____ Date: _____