St. Matthew Catholic Church
Vacation Bible School 2025

June 16th through June 20th
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 Last First Nick Name	Date of Birth	Grade Entering **Fall 2025**

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

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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 16th through Friday June 20th 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:_____