U N F I N I S H E D

GOD Isn't Finished With Me Yet
"A Work in Progress"

SHRINE OF OUR MOTHER OF MERCY CATHOLIC CHURCH
Vacation Bible School 2026
July 8-10, 2026 | 5:00 PM-7:00 PM

Participant Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Church Home:
☐ Shrine of Our Mother of Mercy
☐ Other Catholic Parish
☐ Other Christian Church
☐ No Church Home

Medical Information

Allergies: _____

Medical Conditions/Special Needs: _____

Authorized Pick-Up (if different from parent/guardian)

"I am confident of this, that the one who began a good work in you will continue to complete it until the day of Christ Jesus." Philippians 1:6 NABRE

Photo/Media Permission

☐ YES, I give permission and authorize Shrine of Our Mother of Mercy Catholic Church and SEEK. STEP. GRIND. to use photographs and/or video recordings of myself/my child for parish, ministry, educational, promotional, and communication purposes, including print publications, websites, and social media.

☐ NO, I do not give authorization or permission.

Parent/Guardian Authorization

I certify that the information provided on this form is accurate and complete. In the event of an illness, injury, or emergency, I authorize Shrine of Our Mother of Mercy Catholic Church, SEEK. STEP. GRIND., and their representatives to secure reasonable medical treatment for myself/my child if I cannot be reached. I understand that every reasonable effort will be made to ensure the safety and well-being of all participants. I agree to release, indemnify, and hold harmless Shrine of Our Mother of Mercy Catholic Church, SEEK. STEP. GRIND., their clergy, staff, officers, volunteers, agents, and affiliated organizations from any claims, liabilities, damages, losses, or expenses arising from participation in Vacation Bible School, except in cases of gross negligence or willful misconduct.

Parent/Guardian Signature: _____

T-shirts to be worn on Friday - cost $15

Please select size: Youth S | M | L | Adult S | M | L | XL | 2X | 3X | 4X

Date: _____

For Office Use Only

Registration Received: _____

Group Assignment: _____