



St. Thecla Catholic Church
Marvelous Mystery Catholic Vacation Bible School 2026
Registration for Students Enrolled in PK4-6th
 Due by May 15th, 2026 to the Parish office

VBS Dates: **June 15th-19th**
9:00am-12:00pm

Cost: Early Bird \$50.00 per camper March 16 - April 15, 2026
Regular \$65 per camper April 16 - May 15, 2026

Discounts available for multiple children: Early Bird Max- \$150 per family &
 Regular Registration - \$195 per family. **NO CHARGE for Teen Helpers**

Make Checks Payable to: **St. Thecla Catholic Church** (Note: Refunds may not be available)

Family Last Name:	Home Phone:	Father's Name:	Mother's Name:
Address:	Father's Cell Phone:		Mother's Cell Phone:
City/Zip:	Father's Work Phone:		Mother's Work Phone:
Email:			

Student Name	Grade in Fall & School	Check one		T-Shirt Sizes available:
		Camper	Teen Helper	Youth XS-XL & Adult XS-XXL
				Youth _____ Adult _____
				Youth _____ Adult _____
				Youth _____ Adult _____
				Youth _____ Adult _____
				Youth _____ Adult _____

*Teen helpers have an additional registration form to complete

I give permission for my child(ren) to be photographed during VBS 2026 for educational use within the classroom and also for community relations not-for-profit use as St. Thecla parish articles, parish website, etc. Names will **NOT** be included in such uses. **Please circle YES NO**

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent that the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or their legal guardian(s) cannot be reached. I hereby do release and forever discharge the diocese, parish, and Cat.Chat Productions INC. from all manners of actions, claims which I or the child(ren) named above shall or may have for any reason, arising during my child's(ren) attendance of the VBS.

Signature: _____

Date: _____

Office use only
 Cash or Check # _____
 Total Paid _____