

2026 Totus Tuus & VBS – Grades K-12th (*grade just completed*)

Note registration deadlines indicated below ... “walk-in” registrations will NOT be allowed on the first day of TT / VBS ... NO EXCEPTIONS!

Vacation Bible School (VBS) for those who have *just completed kindergarten* this year

Registration for VBS closes when maximum class size is reached or June 12th whichever comes first

VBS: Monday, June 22nd – Friday, June 26th

Time: 9:00 a.m. – 12:00 noon (doors open at 8:45 a.m.)

Where: St. Mary Grade School – enter through All Purpose Room door (west side of building)

Fee: \$25 per child (make check to St. Mary Parish)

Totus Tuus for grades 1-6 (*grade just completed in 2024-25 school year*)

Registration deadline: June 12th

Totus Tuus: Monday, June 22nd – Friday, June 26th

Time: 9:00 a.m. – 3:00 p.m. (doors open at 8:45 a.m.)

Where: St. Mary Grade School - enter All Purpose Room door (west side of building)

Fee: \$25 per child (make check to St. Mary Parish)

Each day, bring a water bottle (marked with child/ren's name).

Pack a sack lunch for each child each day.

There is no available refrigerator or microwave for children’s lunches.

OR

Families can sign up for FREE hot lunches for **ALL** children in the family under the age of 18. These meals are prepared by SMGS lunch personnel as part of the Summer Lunch Program. Anyone over the age of 18 can participate for \$5.00 per meal per individual. To anticipate the number of meals to be prepared each day, please indicate your family’s intentions on the last page of this packet.

Children will attend Mass every day; comfortable—but *appropriate*—clothing should be worn.

Totus Tuus grades 7-12 (*grade just completed in 2024-25 school year*)

Registration deadline: June 12th

Totus Tuus: Sunday June 22 –Thursday, June 26 -- Time: 7:30 – 9:45 p.m.

Where: St. Mary Grade School—enter All Purpose Room

Fee: no charge; however, registration REQUIRED (“walk-ins” not allowed).

REGISTRATION FORM FOR TOTUS TUUS and VBS – 2026

= all information must be completed ... PLEASE WRITE NEATLY =

Completed forms and money are to be returned to St. Mary **PARISH Office.**

Parish at which you are registered _____

Student name: _____ Grade **just completed**: _____
Student name: _____ Grade **just completed**: _____
Student name: _____ Grade **just completed**: _____
Student name: _____ Grade **just completed**: _____
Student name: _____ Grade **just completed**: _____

Address: _____

Parent/s: _____

mother's cell number: _____ father's cell number: _____

Email address (one that is checked frequently): _____

For non-emergency calls regarding the above child/ren, please list contact information:

1st choice: Name: _____ Cell number: _____

2nd choice: Name: _____ Cell number: _____

3rd choice: Name: _____ Cell number: _____

FOR EMERGENCY CALLS, A PARENT WILL BE NOTIFIED.

We would be willing to provide a meal (lunch or dinner) for the Team; please contact us.

St. Mary Parish VBS and Totus Tuus has my permission to use my child/ren's photograph/s to promote these programs in any and all print publications, online publications, presentations, websites, and social media sites. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature: _____ Date: _____

Please attempt to commit to Totus Tuus / VBS without interruptions; this will help with the "flow" of the days' activities. However, if your child/ren will arrive late and/or be leaving (example: swim lessons, practices, tutoring, etc.), indicate those details:

MEDICAL INFORMATION AND RELEASE FORM – 2026

Student _____ up to date on immunizations
any medical conditions? no yes; please specify: _____
any known allergies? no yes; please specify: _____
activities this child should not participate in: _____

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any medical conditions? no yes; please specify: _____
any known allergies? no yes; please specify: _____
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any known allergies? no yes; please specify: _____
activities this child should not participate in: _____

Student _____ up to date on immunizations
any medical conditions? no yes; please specify: _____
any known allergies? no yes; please specify: _____
activities this child should not participate in: _____

Every effort will be made to promptly notify the parent/caregiver in case of medical emergency. If emergency treatment is required, and the parent/caregiver cannot be reached immediately, your signature in the space below empowers the authorities of the VBS / Totus Tuus programs to exercise their best judgment in calling for emergency medical treatment. The parent/caregiver will be responsible for all medical, surgical, and transportation costs which may be incurred.

Signature of parent or legal guardian _____ Date _____

(Optional) **DAILY HOT LUNCH PROGRAM SIGN-UP – 2026**

Children can receive free hot lunches, prepared by SMGS lunch personnel,
as explained on the cover page of this packet.

Please pack a sack lunch for each child if not participating in this program.

Do not bring in lunch items from fast-food restaurants.

Monday, June 22nd

First & Last Name/s (and Grade/s) of Child/ren:

Crispito

Whole-grain Tortilla Chips

Salsa

Apple Slices

Broccoli Florets

Milk

Tuesday, June 23rd

First & Last Name/s (and Grade/s) of Child/ren:

Chicken Nuggets

Garlic Breadsticks

Garden Salad

Baby Carrots

Tropical Fruit

Milk

Wednesday, June 24th

First & Last Name/s (and Grade/s) of Child/ren:

Hamburger on Whole-grain Bun

Lettuce/Pickle

Oven Fries

Celery

Orange

Milk

Thursday, June 25th

First & Last Name/s (and Grade/s) of Child/ren:

BBQ Riblet on Whole-grain Bun

Baked Beans

Banana

Cucumber Slices

Milk

Friday, June 26th

First & Last Name/s (and Grade/s) of Child/ren:

Cheese Pizza

Garden Salad

Mixed Fresh Vegetables

Mandarin Oranges

Milk

Menu options subject to change without notice.

2026 Totus Tuus & VBS
Summary Sheet

please complete one form per family

_____ - VBS children @ \$25 per child = \$ _____

_____ - Totus Tuus children @ \$25 per child = \$ _____

_____ - Lunches for adults (18 years old & older) @ \$5.00 each = \$ _____ **

TOTAL - \$ _____

please write one check payable to St. Mary Parish

** please indicate name/s of person/s and day/s of meals:
