

St. John the Evangelist VBS Child Registration Form

Child's Information:

Name: _____

Gender: M F Age: _____ Grade completed: _____

Allergies or medical conditions:

Health Insurance # (if applicable):

Family Information:

Parent/Guardian Name:

Address:

Phone Numbers:

Home: _____ Cell: _____

Emergency Contact:

Name: _____

Phone: _____

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 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 other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and Cat.Chat Productions Inc. from all manners of actions, claims which I or the child named above may have for any reason, arising during my child's attendance of the VBS. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of Cat.Chat VBS programs. Any other use will require your further consent.

Parent / Guardian Signature _____

Date _____

Join the VBS Team!

If you are interested in helping kids learn about the Catholic faith in a fun and exciting way, please return the completed form to jennifernewsompsr@gmail.com by June 1st, 2025.

The theme is: The Great Journey with Jesus Through the Church Year

Yes! I want to help kids learn more about Jesus!

I am interested in helping with: (please check as many as interest you):

Music Crafts Snacks Welcome Committee

Games Faith Teaching Group Leader Registration/Sign-In Photo/Video Computer Support

Name:

Address:

Phone Number:

(day) (evening)

Email:
