Saint Peter Catholic Church

2026 VBS Registration Form

July 12 – July 16, 6-8PM

(Doors open at 5:45 each night; last night ends at 8:30)

Child 1 Information:

Name: _____

Gender: M F Age: _____ Grade entering this fall: _____ Catholic? ___Yes ___No

T-shirt size: (circle one) Child sizes : XS S M L / Adult sizes: S M L XL

Allergies or medical conditions: _____

Additional considerations/needs: _____

Child 2 Information:

Name: _____

Gender: M F Age: _____ Grade entering this fall: _____ Catholic? ___Yes ___ No

T-shirt size: (circle one) Child sizes : XS S M L / Adult sizes: S M L XL

Allergies or medical conditions: _____

Additional considerations/needs: _____

Child 3 Information:

Name: _____

Gender: M F Age: _____ Grade entering this fall: _____ Catholic? ___Yes ___ No

T-shirt size: (circle one) Child sizes : XS S M L / Adult sizes: S M L XL

Allergies or medical conditions: _____

Additional considerations/needs: _____

Child 4 Information:

Name: _____

Gender: M F Age: _____ Grade entering this fall: _____ Catholic? ___ Yes ___ No

T-shirt size: (circle one) Child sizes : XS S M L / Adult sizes: S M L XL

Allergies or medical conditions: _____

Additional considerations/needs: _____

Child 5 Information:

Name: _____

Gender: M F Age: _____ Grade entering this fall: _____ Catholic? ____ Yes ____ No

T-shirt size: (circle one) Child sizes : XS S M L / Adult sizes: S M L XL

Allergies or medical conditions: _____

Additional considerations/needs: _____

Family Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____ Okay to text? ___Yes ___No

Email _____

Emergency Contact:

Name: _____ Phone: _____

Release and Photography

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 and Parish from all manners of actions and/or claims which I or the child named above shall or 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 Parish VBS programs. Any other use will require your further consent.

Parent/Guardian Signature _____ **Date** _____

Return completed form by **Sunday, June 28th.** *

- *Please note that after this date, your child may not be able to receive t-shirt or other pre-ordered items on time/at all. Sorry!*

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Office Records

Total number of children _____

Amount paid _____ ($10.00 per child) Cash _____ Check # _____