

# Kid Registration - Vacation Bible School

## Grades Kinder – 5<sup>th</sup>

### June 1 -5, 2026

9 AM -Noon *with optional 12:05pm Mass*



Daily check in begins at 8:45 am

**FREE**

What Church do you attend? *St. Andrew's Our Lady of the Mountains Post Chapel Other*

Child's name: \_\_\_\_\_ M/F: \_\_\_\_\_

Grade in **Fall 2026**: \_\_\_\_\_

Does your child have any allergies? Yes  No

If yes, please explain\*: \_\_\_\_\_

*\*If your child has a food allergy, please send them with a snack each day. The snacks we serve may include wheat, eggs, or dairy.\**

Parent Name: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ (alternate Phone Number)

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ Hereby grant permission to St. Andrew the Apostle Parish to obtain any necessary medical assistance needed in case of accident or injury during the June 1-5, 2026 Vacation Bible School. I understand that every effort will be made to contact me. I also understand that the insurance information provided below will be used for any such emergency. I hereby release St. Andrew the Apostle Parish from all legal and financial responsibility. I further understand that photos may be taken for promotional use.

Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anything we need to know to make this a successful VBS for your child?