



VBS 2026 Registration

VBS Dates: Monday July 20 - Friday July 24, 9:00am - 12:00pm

- **Families are invited to attend a Closing Program on Friday July 24, from 12:00pm - 12:30pm.**
- **Closing VBS Mass Saturday July 25 at 4pm, social gathering to follow.**

VBS is for children entering 4year old PreK thru 4th grade.

Children must be potty trained to attend.

Cost: \$25 per child. Checks can be made out to: St. Joseph Parish and dropped off at the church office Monday - Friday, 8:30am - 4pm. [St. Joseph Parish 200 St. Joseph Dr. Amherst, Ohio 44001]

*****Registration will CLOSE on Wednesday June 3rd.**

Payments must be received by Wednesday June 3rd in order to secure your spot.

(Spaces may be limited.)

****Please contact joyrivera@stjosephamherst.com with any questions or concerns.**

Child Information

Child's Name: _____

Child's Grade in Fall: _____

Child's T-Shirt Size: Youth X-Small Youth Large
 Youth Small Adult Small
 Youth Medium Other:

2nd Child's Name: _____

2nd Child's Grade in Fall: _____

2nd Child's T-Shirt Size: Youth X-Small Youth Large
 Youth Small Adult Small
 Youth Medium Other:

3rd Child's Name: _____

3rd Child's Grade in Fall: _____

3rd Child's T-Shirt Size: Youth X-Small Youth Large
 Youth Small Adult Small
 Youth Medium Other:

Parent/Guardian Information

Parent/Guardian Name(s): _____

Parent/Guardian Email Address: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Street Address: _____

Parish: St. Joseph Parish - Amherst Nativity BVM Parish - South Amherst

Other: _____

Please identify ANYONE other than yourself that you AUTHORIZE to pick up your child/children from VBS:

Emergency Contact Information

**If your child is not feeling well, please DO NOT bring them to VBS. If your child becomes ill during VBS, every effort will be made to contact you at your primary and alternate phone numbers. In case we cannot reach you at the phone numbers you provided, please provide information for two additional individuals we may contact to pick your child up.*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Child's Primary Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Allergies/Medical/Dietary Restrictions/Special Considerations:

**Please include a list of all medications presently being taken for each child.*

Consents

****ALL consents must be agreed upon in order to have your child attend VBS 2026.**

(Please reach out to Joy Rivera with any questions: joyrivera@stjosephamherst.com)

Photo Release: I understand that photos may be taken of my child/children during VBS. I hereby give St. Joseph Parish permission to publish photographs taken of my child/children, for use of St. Joseph printed publications and website. I release St. Joseph Parish from any expectation of confidentiality for my child/children, and attest that I am the parent or legal guardian of the child/children on this registration form, and that I have the authority to authorize St. Joseph Parish to use their photographs and names.

I Agree

Consents (continued)

Consent for Emergency Treatment: In case of an emergency and in the event reasonable attempts to contact me have been unsuccessful, I give my permission to provide any medical treatment, care, or attention that is required. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.

I Agree

Consent for Participation: Knowing that Vacation Bible School involves both indoor and outdoor activities, I give my permission for my child to participate in VBS 2026.

***Weather permitting, games will likely be outdoors throughout the week. Please apply sunscreen to your child as you see fit prior to drop off each day. On the Wednesday of VBS week, we will have a Water Day, where they will have water games outside. We ask that kids wear a swimsuit under their clothing and bring a towel.*

I Agree

Any additional information you would like to include:

Parent/Guardian Signature: _____ Date _____