

South Gibson Catholic Vacation Bible School 2024

Participant Registration Form

Date: June 24-28, 2024

Time: Monday – Thursday 8:30 – 11:30 a.m.
Friday 8:30am - 12:00pm (Mass at 8:45am)

Location: Holy Cross, Fort Branch

For students entering Kindergarten through 5th grades.



Cost: \$10 per child or \$20 per family before May 21st, 2024

******LATE FEE: \$12 per child or \$25 per family AFTER May 21st, 2024**

Want to help? Volunteer through Signup Genius

There will be childcare available for anyone who helps with VBS

Signup Genius Link: <https://www.signupgenius.com/go/10C0B48A8A92BA5F9C70-48646247-vacation>

Email: Jessica Church at jchurch@evdio.org

Complete & return form to the church collection, parish office, or mail to:
Sts. Peter & Paul Attn: VBS, 211 N Vine St. Haubstadt, IN 47639 by June 1st.
(Include payment (checks made payable to Sts. Peter & Paul Church))

Please fill out a registration form for each child attending

Child's Name: _____ Age: _____ Parish: _____

Grade your child will be entering in August 2025: K 1 2 3 4 5

Parent's Name: _____ email: _____

Phone Numbers: (1) _____ (2) _____

*****Volunteers ONLY***** Are you utilizing daycare? **YES NO** Number of children for daycare _____

Emergency contact other than above: _____ Phone: _____

Any food allergies? If so, what? _____

Any medical conditions? If so, what? _____

*****NO MEDICATIONS WILL BE ADMINISTERED AT VBS*****

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 release and forever discharge this Diocese, and Parish from all manners of actions, 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