



**VACATION BIBLE SCHOOL 2026**  
**ST JOHN THE BAPTIST**  
**JULY 6-10,2026 9:00 – 11:30**  
**GRADES K-5<sup>TH</sup>**  
**REGISTRATION FEE \$25 (Family Max \$75)**

**THE FIRST 64 PAID CHILDREN WILL BE PARTICIPATING. WE CAN ONLY TAKE THAT NUMBER DUE TO CONSTRUCTION**

1. **Child's Name** \_\_\_\_\_ M F Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Known allergies: \_\_\_\_\_ Grade going to \_\_\_\_\_

2. **Child's Name** \_\_\_\_\_ M F Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Known allergies: \_\_\_\_\_ Grade going to \_\_\_\_\_

3. **Child's Name** \_\_\_\_\_ M F Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Known allergies: \_\_\_\_\_ Grade going to \_\_\_\_\_

4. **Child's Name** \_\_\_\_\_ M F Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Known allergies: \_\_\_\_\_ Grade going to \_\_\_\_\_

We give permission to take and use pictures of the children listed above on the parish website or other use of the church. Yes No

Parent Signature \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Church Parish: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Payment: Cash** \_\_\_\_\_ **Ck. No.** \_\_\_\_\_

**FIRST 64 PAID CHILDREN WILL PARTICIPATE/PAYMENT AND REGISTRATION FORM MUST BE TURNED IN TOGETHER**

*ANY QUESTIONS PLEASE CONTACT*

June Hebert or Jayne Jason at 749-3387

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