2026 VBS REGISTRATION FORM Pre-K—4th Grade

Monday,June 22—Friday, June 26, 9AM-12:30PM (no lunch)

(One Per Child) Please print legibly

OFFICE USE ONLY!
Chk #: _____
Amt: _____
Of Children/chk#: _____

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Telephone: (to recieve camp texts and emergency contact _____

Secondary Phone number _____

Home email address: _____

Home church: _____

Allergies, medical conditions, or special needs: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Crew number or name (for church use only): _____

ACTIVITY RELEASE FOR MINOR PARTICIPANT VBS 2026

Participant's Name (Please print neatly): _____

Birth Date: _____ Sex: _____

Parent/Guardian Name (Please print neatly): _____

Home Address: _____

Home Phone: _____Cell/Business Phone: _____

I, _____, (please print neatly) grant permission for my child, _____, (please print neatly) to participate in the following activities: Vacation Bible School, Monday June 22th through Friday June 26th, and Water Slide, Friday June 26th.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend Immaculate Conception Parish, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment or connection therewith, and I agree to compensate Immaculate Conception Parish, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Immaculate Conception Parish or the Archdiocese of Denver.

Signature: _____Date: _____

My child has the following restrictions and/or allergies: _____

_____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Parent or Guardian Signature: _____ Date: _____

I grant permission to Immaculate Conception Parish to display photos/images of my child in the Church, bulletin, and/ or parish website. My child's name will never be posted with his/her photo/image.

Parent or Guardian Signature: _____ Date: _____

If you have any questions, please contact Joey Wells at parishoffice@lafayettecatholic.org