



June 22nd-26th

8:15AM-11:30AM

Preschool-5<sup>th</sup> Grade

\*6th-High School students are encouraged to volunteer! Volunteers will assist crews or station leads.

**Exploring the Nature of God**

*\$50/child Registration fee- Deadline to register is May 30<sup>th</sup>, 2026*

Payment method:  Online Clover QR Code  Cash/Check

Payments of cash or check can be dropped off in the school office with the registration form. PLEASE clearly mark the payment is for VBS. Attn: Esther

**Student Information**

\*Student Name: \_\_\_\_\_ Grade Level Entering: \_\_\_\_\_

Allergies: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

\*Student Name: \_\_\_\_\_ Grade Level Entering: \_\_\_\_\_

Allergies: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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Allergies: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Emergency Contact**

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby give permission for Blessed Sacrament VBS staff to administer any/all medical attention necessary in the event of an accident, injury, illness, etc, under the supervision of the VBS coordinator, until such time as I or another person listed above may be contacted. I also assume responsibility for any fees that may be incurred for any such treatment, and I indemnify such persons and Blessed Sacrament School/Church from liabilities related to such treatment. If my child(ren) has any medical conditions or special needs, I will provide that information in writing.

I also give permission for the taking and use of photos and/or videos of my child(ren).

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

Please contact Amanda Malawy at malawy@bssbruins.org if you have any questions regarding Vacation Bible School.



# RAINFORREST FALLS

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