

# VBS 2023 Registration Form



**Who: Children entering Grades Pre-K through Grade 6**  
(4 years old must be accompanied by an adult)

**When: July 10- July 14, 2023 (M-F, 9 am to 12 Noon)**

**Where: Catholic Family Community Center, 329 Cliff Street, Honesdale**

**Contact: Anastasia Legg - rel.ed.stjohnshonesdale@verizon.net**

**Cost: \$10 per child (\$30 for 3 or more children)**

**Registration Deadline is June 30th**

**Completed Registration Forms and Fee can be mailed or dropped off to the Parish Office (414 Church St., Honesdale PA 18431)**

**Checks payable to St. John's Parish**

Keep top portion for information (Cut at the dotted line)

## Child VBS 2023 Registration Information:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Shirt size (circle one) – Youth (S), Youth (M), Youth (L), Adult (S), Adult (M),

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Shirt size (circle one) – Youth (S), Youth (M), Youth (L), Adult (S), Adult (M),

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Shirt size (circle one) – Youth (S), Youth (M), Youth (L), Adult (S), Adult (M),

Address: \_\_\_\_\_

**Allergies/Medical Conditions/Medications:** \_\_\_\_\_

Parents/Guardians' Name(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Photo Release** - I consent that my child's photo may be taken for St. John's website or Catholic Light Newspaper: **Yes( ) or No( )**

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 do release and forever discharge this Diocese, Parish and/or Organization 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.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Volunteer Registration Information:**

**Volunteers Needed!** Parents and grandparents join us! All volunteers 18 years old and older are required to have a background check.  
Up to 16 hours community service for Confirmation students!

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student Volunteer: ( ) OR Adult Volunteer: ( ) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I am interested in helping with:** *(please check as many as interest you)*

Faith Station     Music Station     Crafts Station     Snacks Station     Fun & Games Station     Short Skits/Plays  
 Grades Pre-K & K     Grades 1 & 2     Grades 3 & 4     Grades 5 & 6