



VACATION BIBLE SCHOOL

JUNE 27 – JULY 1, 2022 6:00 – 9:00 pm

St. Elizabeth Ann Seton

Held in gym at St. Elizabeth Ann Seton
11501 Maple Way
Louisville, KY 40229
969-0004

Ages 4 – 12
Pre K – 6th grade
(Grade entering in the Fall)

VBS will start with a light dinner being served.

Games, Bible Stories, Music, Snacks and a Closing Skit

No Registration Fee
Everyone is welcome!



Come Join the Adventure!

VBS Registration Form (Per Family)

Parent's Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

1) Child's Name _____

Age _____ Grade Entering in the Fall _____

T-Shirt Size (Circle size) Youth: XS S M L Adult: S M L (Shirt size is not guaranteed)

List of allergies or other Medical conditions _____

2) Child's Name _____

Age _____ Grade Entering in the Fall _____

T-Shirt Size (Circle size) Youth: XS S M L Adult: S M L (Shirt size is not guaranteed)

List of allergies or other Medical conditions _____

3) Child's Name _____

Age _____ Grade Entering in the Fall _____

T-Shirt Size (Circle size) Youth: XS S M L Adult: S M L (Shirt size is not guaranteed)

List of allergies or other Medical conditions _____

4) Child's Name _____

Age _____ Grade Entering in the Fall _____

T-Shirt Size (Circle size) Youth: XS S M L Adult: S M L (Shirt size is not guaranteed)

List of allergies or other Medical conditions _____

5) Child's Name _____

Age _____ Grade Entering in the Fall _____

T-Shirt Size (Circle size) Youth: XS S M L Adult: S M L (Shirt size is not guaranteed)

List of allergies or other Medical conditions _____

Do you attend a church? No Yes Where? _____

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 Archdiocese, 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.

Signature of Parent/Guardian _____

Date _____

