



**St. Damian's & St. Bernard's is planning a
Vacation Bible School program
kids ages 5-11 (entering Kindergarten)
June 8-12th at Damiansville Gym**

Join the VBS Team!

If you are interested in helping our kids learn their Catholic faith in a fun and exciting way, please return the completed form to any Faith Formation teacher by May 15, 2026.

The theme is Athletics: Training to be Champions for Christ

Yes! I want to help kids learn more about the Catholic faith!

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

- | | | | |
|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Faith Lessons | <input type="checkbox"/> Music | <input type="checkbox"/> Crafts | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Games | <input type="checkbox"/> Group Leader | <input type="checkbox"/> Decorating | <input type="checkbox"/> Welcome Committee |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Skits | <input type="checkbox"/> Photo/Video | <input type="checkbox"/> Closing Party |
| <input type="checkbox"/> Child Helper | <input type="checkbox"/> Other: _____ | | |

Name: _____

Cell: _____

T-shirt size: _____

I can help on these days (circle): **Monday Tuesday Wednesday Thursday Friday**

_____ I cannot help that week, but I am willing to assist in preparations/decorating/Closing Party

Comments: _____



Child Registration Form

St. Damian's & St. Bernard's
Vacation Bible School program
Kids ages 5-11 (entering Kindergarten)
June 8-12th at Damiansville Gym
9:00 AM - Noon

Child's Information:

Name: _____

Gender: M F Age: _____ Grade completed: _____

T-shirt size: (circle one) child sizes : XS S M L / adult sizes: S M L XL

Allergies or medical conditions: _____

Family Information:

Parent/Guardian Name: _____

Address: _____ Parish: _____

Cell: _____ Alternate Cell: _____

Emergency Contact:

Name: _____ Phone: _____

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 Cat.Chat Productions Inc., this Diocese, and this 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 Cat.Chat VBS programs.

Parent / Guardian Signature

Date

Return completed form by May 15, 2026 to any Faith Formation teacher