



**ST. ANTHONY CHURCH**

4 Union City Rd. Prospect, CT

**2026**

# VACATION BIBLE SCHOOL

## Registration Form

**ALONG WITH THIS COMPLETED FORM, PLEASE ATTACH A CHECK FOR \$25 (PER CHILD).**

**PAYMENT AND FORM CAN BE MAILED TO:  
FAITH FORMATION OFFICE, SAINT ANTHONY CHURCH,  
4 UNION CITY ROAD PROSPECT, CT 06712,  
OR DROPPED INTO THE OFFERTORY BASKET  
(CLEARLY LABELED 'VBS REGISTRATION 2026')**

\*STUDENT NAME: \_\_\_\_\_

\*AGE: \_\_\_\_\_ \*GRADE: \_\_\_\_\_

\*ALLERGIES, MEDICAL ISSUES OR SPECIAL NEEDS: \_\_\_\_\_

\*PARENT NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEDICAL RELEASE:** I GIVE MY PERMISSION FOR THE VBS STAFF TO ADMINISTER BASIC FIRST AID TO MY CHILD (NAMED ABOVE) IN THE EVENT OF AN INJURY. I UNDERSTAND THAT THE VBS STAFF WILL CONTACT EMERGENCY SERVICES IN THE EVENT OF A SIGNIFICANT INJURY AND ALL EXPENSES FOR SUCH EMERGENCY SERVICES WILL BE PAID BY ME.

**PHOTO RELEASE:** I HEREBY GRANT THE ABOVE NAMED CHURCH PERMISSION TO COPYRIGHT AND USE PHOTOGRAPHS/VIDEOS TAKEN AT VBS OF THE MINOR DESIGNATED ABOVE IN ANY MANNER OR FORM FOR ANY PURPOSE LAWFUL AT ANY TIME.

**PERMISSION TO ATTEND:** I GIVE PERMISSION FOR MY CHILD (NAMED ABOVE) TO ATTEND THE VACATION BIBLE SCHOOL (VBS) LISTED ABOVE.

SIGNATURE: \_\_\_\_\_