St. Maximilian Kolbe Parish Vacation Bible School
August 3 to August 7, 2026, 9 a.m. to 12 p.m.
The Lyceum, 181 Main St, Terryville

Family Name _____

Mother's Name _____Father's Name_____

Address _____

Phone Number_____

Email _____

CHILDREN TO BE ENROLLED

The cost is $20 per child. Checks should be made payable to Saint Maximilian Kolbe Parish.

	Name	Age	Grade Completed
1.			
2.			
3.			
4.			

ALLERGIES, MEDICAL CONDITIONS OR SPECIAL NEEDS _____

_____

In Case of Emergency Contact: _____

Phone: _____

Relationship to child: _____

RELEASES

I, the undersigned, as the parent or legal guardian of the named child/children, give permission for him/her/them to participate in any of the activities conducted by Saint Maximilian Kolbe Parish (Immaculate Conception, Saint Casimir, Saint Thomas Churches).

My child/children may be released into the care of a parent, legal guardian, or above listed emergency contact person.

MEDICAL RELEASE: I attest that the above-named child/children is/are in good physical condition. Should any accident or illness occur during Vacation Bible School, I will not hold Saint Maximilian Kolbe Parish (Immaculate Conception, Saint Casimir, Saint Thomas Churches) responsible for medical aid rendered and will reimburse for medical and other expenses incurred. The above-named child/children may receive necessary first aid. He/she may receive medical attention from a duly licensed physician and may be admitted to the hospital in case of emergency.

CONSENT FOR PHOTOS & VIDEOS: I authorize Saint Maximilian Kolbe Parish (Immaculate Conception, Saint Casimir, Saint Thomas Churches) to publish any photographs or videos which the above-named student(s) appear while participating in Vacation Bible School.

Parent/Guardian Signature _____

Date: _____