

2026 Rainforest Falls: Exploring the nature of GOD

Space is limited!!!
Register Early!!!



VACATION BIBLE SCHOOL

Christ the King Catholic Church

June 15th – 19, 9:00 a.m. – 12:00 p.m.

Form cannot be turned into CK school! Return to Parish Only!

Child's name _____ Male _____ Female _____

PLEASE PRINT

Date of birth _____, school grade this fall 2026 _____ T-shirt size YS YM YL (please circle size)

Telephone Number _____ Address _____

Email _____ Church you attend _____

Please circle one: Attending all week Absent 1 or more days Circle Days Gone: M Tu W Th F

Note: To participate, children MUST BE FOUR YEARS OLD BY AUGUST 31ST, 2026 and no older than entering grade 5. ALL CHILDREN MUST BE POTTY TRAINED PRIOR TO VBS. A SEPARATE registration/ medical consent is needed for EACH child registered. Please return the registration/medical consent form to the parish office. **SPACE IS LIMITED—PLEASE REGISTER EARLY!!!**

The Vacation Bible School will occur entirely on the Christ the King Parish grounds with activities conducted both outdoors and inside various parish buildings. This event will be under the supervision of parish employees and volunteers.

I understand that as parent or legal guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by my child. I hereby release Christ the King Church, the Diocese of Yakima and its representatives from all liability in the event of accidental injury. State law requires parental/legal guardian consent before a hospital's emergency department can give medical treatment to a child under the age of 18, except for truly life-threatening conditions. I grant permission for my child to be taken to the nearest hospital by ambulance if medically necessary. We will make every effort to contact parent/guardians in case of injury or other medical emergency.

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

EARLY REGISTRATION: CK Parishioner is \$50 for one child, \$85 for two children and \$115 for three or more children in the same family, who register **by Friday, May 8th**. T-Shirt price is included in the fee. **Starting Monday, May 11**, VBS registration fees are \$60 for one child, \$110 for two children and \$150 for three or more children in the same family.

Non CK parishioner: before **May 8th**, \$60 for one child, \$100 for two children and \$130 for three or more children in the same family. T-shirt price included. **May 11th** and after, \$100 for one child, \$150 for two children and \$200 for three or more children within the same family.

Parishioner marked forms will be checked before accepting payment

Please make checks payable to: Christ the King Religious Education. Registration fee **must** be made before your child will be registered.

special requests (BUDDY PAIR) is not guaranteed due to grades, ages and other factors.

Additional copies of this form may be downloaded from Faith Formation section of parish website: www.ckparish.org

DRESS CODE: ALL participants, volunteers and helpers must dress appropriately. Shorts must be no more than 2 inches above the knee. No cropped top shirts. No spaghetti strap tanks. If you violate any of the dress code, you **WILL** be sent home and asked to change before returning.

*****Please complete both sides of this form.*****

**Christ the King Church Vacation Bible School
Consent for Minor or Emergency Medical Treatment**

I, _____, am the father/mother/legal guardian

Of _____, a minor, Birth date of minor _____

In case of emergency, I can be reached at the following phone numbers: Daytime Phone _____

Cell _____ Other Emergency Contact Name & Phone # _____

I give my consent for medical treatment and permission for my child to be taking to the nearest hospital by ambulance if medically emergent: Initial _____

Health information:

FOOD AND DRUG Allergies: _____

Please check or highlight in yellow "YES" or "NO" to let us know which foods are OK or NOT OK. You MUST return a copy to the church prior to VBS for your child to be able to attend. If any certain snack is NOT OK for your child, please bring a replacement snack to the kitchen. If possible, try to replace the item that your child cannot have with **something similar** to our snack that day. Please label it clearly with your child's name. ****Please do NOT use anything with NUTS in the replacement snack.**

In order for us to assure the safety of all our children, **we will not serve your child ANY snacks until we have this form filled out and returned.** We have several children who have life threatening allergies and want to ensure the safety of all. Please contact us with any specific questions regarding the snacks.

Is there a need for an epi pen in the event of contact with the food allergy? YES OR NO

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Lime Jello and whipped cream	Grapes and Marshmallows	Vanilla pudding with choc.chips	Choc chip granola bar and Gummy frog.	Dried banana Trail mix
YES NO	YES NO	YES NO	YES NO	YES NO

Medical or Behavioral conditions the VBS staff needs to know about to help assure a safe and enjoyable experience for your child:

All Vaccinations Up to Date (check appropriate box): Yes: No:

Sick Policy: If your child is sick or feeling unwell, please keep them home. If your Child becomes ill, they must be picked up by a parent and must wait a full 24hrs before returning.

Example- (Child becomes sick on Monday, they cannot return till Wednesday). This is to ensure the safety of all other children, volunteers and staff. I understand and acknowledge the sick policy. Initial _____

****I give permission for my child's picture to be taken for an art project that they will make and take home on the last day of VBS. Please note that No images will be kept or used for any other purpose. (check appropriate box): Yes: No:

CLOSING: Parents, we will begin our closing act and music at 11:35am everyday as a group. You are more than welcome and encouraged to join us! VBS ends @12pm sharp which means your child's high school crew leader leaves at 12pm as well. Please be sure to be on time for pick up everyday of the week.

DATE _____ PARENT/GUARDIAN SIGNATURE _____