

SAINT THOMAS AQUINAS PARISH  
 VACATION BIBLE SCHOOL 2026  
 JULY 27th – 31st  
 26 CRYSTAL AVE  
 DERRY, NH 03038  
 603-432-5000  
 OPEN TO STUDENTS IN GRADES K-5

**St. Thomas Aquinas Vacation Bible School Registration 2026 - Grades K-5**  
**LIMITED TO THE FIRST 30 KIDS – REGISTER ASAP!**

Family Name \_\_\_\_\_ (Office use: Date Received \_\_\_\_\_ )

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's First Name \_\_\_\_\_  
 + Maiden Name \_\_\_\_\_ Family email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**VBS dates: Monday, July 27<sup>th</sup> – Friday, July 31<sup>st</sup>, 2026 from 9:00 AM - 12:30 PM**

**Cost: \$35.00 per child (MAX \$100 per family) and includes 1 digital music card per family.**

**PLEASE NOTE: If your child has allergies, please send your child with a snack each day. (Please no peanuts)**

| First Name and Last Name<br>(if family last name is not the same) | Birth Date<br>( M / D / Y ) | Current Grade Level |
|---|-----------------------------|---------------------|
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Please list any special circumstances which the catechist should know when working with a specific family member. Please be sure to identify the family member(s) to which the circumstances apply.

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**Medical Forms**

If your child needs an epi-pen, inhaler or other medical equipment on hand during a session or event, please speak with the catechetical leader.

**Emergency Contact Information**

List the phone number best to use if we need to contact you during a faith formation session, event or activity:

If we are unable to reach you in an emergency, whom should we contact instead?

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Photograph Permission**

Photographs are sometimes taken during faith formation sessions and events. They are displayed publicly; ex: on parish website, facebook, in the newspaper, in a brochure, on bulletin boards, etc. and used to keep the community aware and informed of parish events and activities.

By signing below you agree for photos of your child to be taken. We will not include child's names with photos on any platforms or printed materials.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**General Information**

My signature below indicates that to the best of my knowledge the information on this form is accurate and true..

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date