

Total Amount Due \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Check / Cash \_\_\_\_\_

# OUR LADY OF MT. CARMEL - VACATION BIBLE SCHOOL - 2026



**WHO:** All children - 4 years old through incoming Sixth Graders  
**WHEN:** July 20-24 **TIME:** 12:00 p.m. to 3:00 p.m.  
 Friday's Canopy Closing Finale 3:00-4:00  
**FEE:** \$35.00 per child (Includes T-shirt, Music Card, & Wrist Band)  
*(If paying by check, please make payable to OLMC)*  
 Check Here: \_\_\_\_\_ if you are interested in attending the Wednesday Evening Family Edition of VBS  
 Wednesday, July 22 from 6:30-8:30 PM (light snacks included)

-- Please Print --

FAMILY NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

Email: \_\_\_\_\_

CHILD'S NAME	CHILD'S GRADE - Fall 2026	T-SHIRT SIZE (Child) <small>(S 6-8, M 10-12, L 14-16)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Vacation Bible School to happen, we need you to contribute your time and talent. (This is an excellent opportunity for the 7<sup>th</sup>-8<sup>th</sup> grade students and teens to help as assistant leaders, crafts, stage/acting, etc.) Without you - we would not be able to have VBS!  
**PLEASE check where you can help. THANK YOU!!!!**

NAME \_\_\_\_\_ T-shirt (Adult S, M, L, XL) \_\_\_\_\_

\_\_\_\_\_ Group Leader    \_\_\_\_\_ Assistant Group Leader    \_\_\_\_\_ Pre-school, Kindergarten- Paradise Preschool Lagoon

\_\_\_\_\_ Craft Room    \_\_\_\_\_ Games    \_\_\_\_\_ Snacks    \_\_\_\_\_ Stage/Acting    \_\_\_\_\_ Station Leader

**PLEASE COMPLETE EMERGENCY INFORMATION ON OTHER SIDE OF THIS FORM**

# VACATION BIBLE SCHOOL EMERGENCY INFORMATION

Parent **DAYTIME** Telephone Numbers - Mother \_\_\_\_\_ Father \_\_\_\_\_

## EMERGENCY CONTACT if Parent is unavailable:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Please indicate below any health information of which we should be aware - (food, insect or drug allergies, etc.)*

CHILD'S NAME	HEALTH INFORMATION

**\*\*\*Videotaping & Still Photographs\*\*\***

Video and still photos will be taken during this event. This authorization form constitutes permission for my child(ren)'s participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Our Lady of Mt. Carmel website.

I give permission for my child(ren), named on the reverse side to participate in the Vacation Bible School from July 20-24, 2026, at Our Lady of Mt. Carmel Parish. I hereby release and indemnify Our Lady of Mt. Carmel Parish, their staff, volunteers, and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child(ren)'s participation in this event.

I grant permission for the administration of first aid or referral to qualified physicians for treatment of illness or injury, as the judgment of those in charge deems advisable. I understand that I will be promptly notified in the event of serious illness or injury, except when delay in such communication would endanger life. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery, if deemed necessary for my child(ren).

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Physician: \_\_\_\_\_

Dr. Phone # \_\_\_\_\_

Local Hospital Preference: \_\_\_\_\_

### INSURANCE INFORMATION:

Policy in the Name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Identification Number: \_\_\_\_\_