



Risen Savior Catholic Church

Totally Catholic!

VACATION BIBLE SCHOOL

*Pre-School through Grade 5

(*must be 3 years old by January 1, 2026)

June 22-26, 2026 8:30 am—12:00 Pm

Swing into God's World!

REGISTRATION DEADLINE: MONDAY, JUNE 15, 2026

Name of Child : _____

Grade entering in Fall 2026: _____ Age: _____ DOB: _____

Name of Legal Parent/Guardian: _____

Primary Telephone Number: _____

Primary Email Address: _____

Secondary Name of Parent/Guardian: _____

Secondary Telephone Number: _____

Secondary Email Address: _____

Child lives with (circle one): Mother and Father Mother Father Legal Guardian

In case of an emergency, a parent/guardian is contacted first. If unable to reach parent/guardian, please contact:

First Name: _____ Phone: _____ Relationship: _____

Registration fee: \$35/first child, \$30/second child, \$10/subsequent children. Enclosed: \$ _____

PRE-SCHOOL VBS IS FOR CHILDREN AGES 3, 4, AND 5, WHO HAVE NOT YET ATTENDED KINDERGARTEN.

ALL CHILDREN ARE REQUIRED TO BE POTTY-TRAINED.

I wish my child (circle one) TO BE NOT TO BE in the same group as: (name of child) : _____

I have read and completed the above information and certify that I have disclosed all medical information regarding my child.



Signature: _____

IF FEE IS PROHIBITIVE, PLEASE CALL CHRISTINA MEDINA at 505-821-1571 x 112 or email preschool@risensaviorcc.org

Parent/Guardian Permission Form
Medical Questionnaire /Medical Authorization/Indemnity Agreement

Sponsor of Program: Risen Savior Catholic Church
Program/Activity: Vacation Bible School
Date of Program/Activity: June 22-26, 2026 (8:30 am-12:00 pm)
Place of Program/Activity: Risen Savior Catholic Church Campus, Rancho de Palomas Park, and other announced locations.

The undersigned, as parent or legal guardian of _____, does hereby give permission for the above named individual to attend the described program/activity. As parent and/or legal guardian of the above named individual, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Risen Savior Catholic Community, its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperones, or representative associated with the event for reasonable attorneys' fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Santa Fe.

It is possible that at times leadership team members may take **photographs or videos** of events in which your child may be participating. By signing this you acknowledge that your child may be photographed during the course of their participation and those photographs may be **used/published** for church purposes.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Medical Questionnaire:

Hospital Preference: _____

Does your child have any physical, mental, or emotional concerns that we need to be aware of? If yes, explain.

Is your child allergic to any food or medicines? No _____ Yes _____ If yes, what: _____

Does this child have any special needs? No _____ Yes _____ If yes, what: _____

Does this child have difficulties with any of the following? (If so, please explain):

Asthma ADD Autism Hyperactivity Eyesight Reading Writing Speaking Hearing

Other notes: _____

Please list any medications your child is taking: _____

I have read and completed the above information and certify that I have disclosed all medical information regarding my child.

Signature _____ Date _____