

SWANVILLE Vacation Bible School
St. John the Baptist Catholic Church

2026 Registration

July 20 – 23 5:30 – 8:00 p.m.

All of our Five Star ACC parishes are welcome. Also, anyone who wishes to join in our summer activities are welcome.

There is NO cost for this fun event.

Child's Name _____ Male ____ Female ____ AGE ____

Grade in Fall of 2026: _____

Mailing Address: _____

Parish now registered as member _____ not registered _____

ANY allergies, learning accommodations or health concerns?

Parent(s) name: _____

Home Phone # _____ Cell Phone # _____

Emergency Contact Name and Phone Number: _____

Who is a Authorized to pick up child: _____

RELEASE WAIVER: I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in the program and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or emergency, I authorize volunteers to obtain medical care from a licensed physician, hospital, or medical clinic for my child(ren) in the event that I or other legal guardian cannot be reached. The undersigned hereby releases and waives any and all claims on account of or in any way connected to activities arising out of incident at the Swanville Vacation Bible School program at

St. John the Baptist Catholic Church during the week of July 20th through July 23rd, 2026. This authorization form constitutes permission for my Child(ren)s participation in the videotaping and/or photographs which may be taken during the program. They may be used in church promotional materials, in print and online.

Parental Consent for child(ren) to participate in the Swanville Vacation Bible School.

PARENT SIGNATURE _____ **DATE** _____

PLEASE RETURN form to St. John's office or mail to P.O. Box 68 – Swanville MN 56382