



VACATION BIBLE SCHOOL

Participant Registration Packet

At Totally Catholic Rainforest Falls VBS, kids explore the nature of God! Rainforest Falls is filled with awesome Bible-learning experiences kids see, hear, and touch! Hands-on science experiments, team-building games, unforgettable Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings®.

Where: St. Pascal Baylon Church
1757 Conway Street, St. Paul, MN 55106

When: June 22-26, 2026 from 9 am - Noon

Who: Children ages 4 (by 9/1/26) thru Grade 4 (just completed June 2026) are welcome - invite your friends!

Youth in Grades 5-12 are welcome as leaders and assistants.

Adult volunteers are needed in all areas.

NOTE: There are separate forms for youth and adult volunteers.

Cost: \$50/child or \$120/family (3 or more children)

Limited Scholarships available—contact Kim Roering

- Fee includes one t-shirt per child!
- “Rainforest Falls” Music CDs OR Music Video Streaming Cards available for \$8 each.

Deadline: Friday, May 22, 2026 (**no registrations accepted after this date**)



For more information or to volunteer contact:

Kim Roering
kim.roering@stpascals.org
651.432.4958



Vacation Bible School 2026 Registration Form

“RAINFOREST FALLS: Exploring the Nature of God”

Cost \$50/child, max \$120/family (3 or more children)

- Note:**
1. Children must be age 4 by September 1, 2026.
 2. Please complete **a separate form for each child.**
 3. **Please submit a check** made out to St. Pascal Baylon with your form(s).
(Online payment option at <https://www.stpascals.org/give>. Click on “Fees” and then “VBS”.)
 4. **No registrations accepted after May 22, 2026.**

PLEASE PRINT CLEARLY. PLEASE COMPLETE ENTIRE PACKET.

Child’s Name _____
Please print name as it should appear on nametag.

Parent/Guardian Name(s) _____

Street Address _____

City _____ Zip Code _____

Best Phone _____ Whose? _____

Other Phone _____ Whose? _____

Email Addresses _____

Parish St. Pascal’s Other _____

Check the school grade **COMPLETED** as of June 2026:

age (if not in school) K Gr 1 Gr 2 Gr 3 Gr 4

Special Needs (*learning, medical, **food/drug allergies**, diet, separation anxiety, etc.*)

Emergency Contact _____

Relationship to Child _____ Phone _____

Those **NOT** authorized to pick up your child _____

Request to be in group with (one name only, please) _____

IMPORTANT—PLEASE COMPLETE OTHER SIDE

Child's Name _____

“Rainforest Falls” Music CDs OR Music Video Take Home Streaming Cards are available for \$8 each. If you would like to order one or more for your family, indicate number desired here and add appropriate amount to your fee:

_____ # Music CDs

_____ # Music Video Streaming Cards

T-SHIRT ORDER

Cost is included in registration fee. If not completed, a size based on age will be assigned.

Youth Size _____XS _____S (6-8) _____M (10-12) _____L (14-16)

Adult Size _____S _____M _____L _____XL _____XXL

PARENTAL CONSENT FORM AND INDEMNITY AGREEMENT

I, _____, grant permission for _____

Parent/Guardian Name

Child's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Pascal Baylon Catholic Church and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against St. Pascal Baylon Catholic Church and the Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event mentioned above. I also agree to pay reasonable attorney fees or expenses incurred by St. Pascal Baylon Catholic Church and the Archdiocese of St. Paul & Minneapolis in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name

Phone Number

Family Health Plan Group Number: _____

Family Doctor: _____ Phone _____

Medication my child is presently taking: _____

Does child carry and Epinephrine Pen (Epi-Pen)? _____ Yes _____ No

PHOTO RELEASE

I, the parent/guardian, release St. Pascal Baylon Catholic Church to use my child's photo for educational or promotional purposes.

CHECK ONE: ___Yes ___No

Parent/Guardian Signature

For Office Use Only

Date Form Rec'd: _____ Date paid: _____ Amount: _____ Check #: _____ Received by: _____

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to **St. Pascal Baylon Catholic Church and the Archdiocese of Saint Paul and Minneapolis**:

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of **St. Pascal Baylon Catholic Church** and the Archdiocese of St. Paul and Minneapolis;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter **on St. Pascal Baylon Catholic Church's** and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
4. The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
5. The right to copyright, in the name of **St. Pascal Baylon Catholic Church** and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
7. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of **St. Pascal Baylon Catholic Church**. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless **St. Pascal Baylon Catholic Church**, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform **St. Pascal Baylon Catholic Church** in writing and that my rescission will not take effect until it is received by **St. Pascal Baylon Catholic Church**. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that **St. Pascal Baylon Catholic Church** and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian Name (please print): _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____

Date: _____