

San Sebastian Catholic Church

San Sebastian Catholic Church  
1112 State Road 16  
St. Augustine, FL 32084

VACATION BIBLE SCHOOL REGISTRATION FORM

July 13 – July 17th starts at 9am & ends at noon

Cost \$30 per child (One form per child, please)  
\$45 for 2 or more children

Please Print - 2026

\*Student First Name: \_\_\_\_\_

\*Student Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male Female

Grade entering in August 2026 \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

\*Parent Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip: \_\_\_\_\_

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

\*Home Phone Number: \_\_\_\_\_

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

Other Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

General Information: \_\_\_\_\_

**Medical Release:** I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

**Photo Release:** I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

**Permission to Attend:** I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church.

Parent Signature

Date