Camper Registration

St. John Neumann
Vacation Bible School
July 13-17, 2026
9:00 a.m.-12:30 p.m.

Fee: $75 per child *(non-refundable)*

Vacation Bible School is open to children who will be entering PreK-4 through 5th grade for the 2026-27 school year.

Mini Campers (must be 4 by September 30, 2026, and *fully potty-trained*) can be any parishioner who will be attending PreK-4 or Kindergarten in the fall of 2026. Children will participate in a variety of age-appropriate games, songs, and activities every day that will reinforce the daily Bible lesson.

Campers (rising 1st through 5th graders) will participate in a variety of activities every day that reinforce the daily Bible lesson. Their adventure includes crafts, games, skits, songs, and more!

Volunteers To make VBS a success we need your help! All fees are waived for volunteers who sign up for the full camp week or BTS help. If you are interested or have any questions regarding registration, please contact Phil Prinzivalli at pprinzivalli@saintjn.org or (703) 860-6156.

VBS Swag Registration fees include a camp T-shirt, bandana, and daily snack, as well as daily take-home materials to reinforce the lesson for the day! The official VBS Playlist for this year can be found on Spotify by scanning the code below.

To register your camper, complete the form on the back of this page and return it with payment to the Faith Formation Office. Forms may be dropped off in the Faith Formation Office or mailed in with payment to: *St. John Neumann Church*, 11900 Lawyers Road, Reston, VA 20191, Attention: VBS.

St. John Neumann VBS 2026
REGISTRATION FORM

Registration fee is $75.00 per child and is **non-refundable**.
Please Make checks payable to: St. John Neumann.

_____Yes – I would like my older child to be a Youth Volunteer. *Registration fee is waived.*
_____ Yes – I would like to be an Adult Volunteer. *Registration fee is waived.*
_____ Yes – **4 & 5 year olds only** – My child has previously attended pre-school.

Parent Name(s): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____Work/Cell Phone: _____
E-Mail: _____
Emergency contact person during VBS Hours: _____
Home Phone: _____Cell Phone: _____

1st Child's Name: _____

T-Shirt size: Child – S M L Adult – S M L

Date of Birth: ____/___/___ Grade in Fall 2026: _____

Allergies: _____
Other Medical/Behavioral Considerations: _____

2nd Child's Name: _____

T-Shirt size: Child – S M L Adult – S M L

Date of Birth: ____/___/___ Grade in Fall 2026: _____

Allergies: _____
Other Medical/Behavioral Considerations: _____

3rd Child's Name: _____

T-Shirt size: Child – S M L Adult – S M L

Date of Birth: ____/___/___ Grade in Fall 2026: _____

Allergies: _____
Other Medical/Behavioral Considerations: _____

Vacation Bible School 2026 Parent Permission and Waivers

Parental Permission and Liability Release: As parent/legal guardian of the participant named here, I give my permission to participate fully in Vacation Bible School from July 13, 2026, through July 17, 2026. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Parent Signature and Printed Name: _____

Photo, Press, Audio, and Electronic Media Release: I authorize St. John Neumann Church, its ministries, and its affiliated organizations and ministries (such as the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald) to use and publish my child's photograph, video and/or audio recording for educational, news/community stories, illustration and/or marketing purposes. (This could include, but is not limited to, bulletin boards in the parish, the parish bulletin, the parish website.) We will not use youth names without obtaining further permission.

Parent Signature and Printed Name: _____

Informed Consent to Medical Treatment: I request that in my absence the minor named here be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Parent Signature and Printed Name: _____