

Holy Name Catholic Church Vacation Bible School 2026

When: June 22~ June 26, 9 a.m. to 12 p.m.
 Where: Holy Name Church and School
 Who: Children entering Kindergarten through 5th grade next school year
 Requested Donation: \$15 (includes t-shirt)



Each day will include a snack, activities, prayer, and lesson from the Bible. The Holy Name Catholic Church Vacation Bible School 2026 will be centered around the theme “Who is My Neighbor? Learning to love like Jesus.”

Participant Information:

Name	Grade Entering	T-Shirt Size (Youth Size Unless Noted)

Parent/ Guardian Name _____
 Cell Phone (____) ____-_____
 E-mail Address _____
 Mailing Address _____

LIABILITY RELEASE: In consideration of Holy Name Catholic Church allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Holy Name Catholic Church, its Clergy, directors, employees, volunteers, and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therewith.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I give my consent to Church to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless the Church from any liability which may result from the use of said picture(s) or video(s). This consent shall continue beyond Vacation Bible School.

Initial One Response: _____ I give my consent. _____ I do not give my consent.

I hereby give permission for my child(ren) to participate in Vacation Bible School at Holy Name Catholic Church on June 22 – June 26 from 9 a.m. to 12 p.m.

Parent/Guardian Signature _____ Date _____

Interested in volunteering? We welcome any adult volunteers and any student volunteers (6th Grade and beyond). All volunteers who are 14 years old or older must obtain the necessary clearances and trainings before Vacation Bible School. Please call the Holy Name Parish Office at (814) 472-7244 for more information about obtaining these clearances and trainings.

For individuals who are 18 years old or older, please register to be a VBS Volunteer by completing the form accessed by scanning the following QR Code:



For individuals who are 14-17 years old, please contact the Parish Office for a Student Volunteer Registration Form. For student “volunteers in training” – *i.e.*, students who are under the age of 14 through June 26, 2026 – no clearances are required, but please include their information on this VBS Registration Form.

Please return all completed Registration/Permission/Waiver Forms and Checks through one of the following methods: Return to Parish Office; Return to School Office (for Holy Name Elementary School Students); Return in Collection Basket.

Make checks payable to Holy Name Catholic Church, noting “VBS” in the Memo Line.

Registration Deadline: June 7, 2026

Complete one of the following Information Cards for each VBS Participant.

<p>Name _____</p> <p>Allergies, Medications, and/or Medical Conditions _____</p> <p>_____</p> <p>Activity restrictions _____</p> <p>Parent/Guardian Name and Phone Number(s) _____</p> <p>_____</p> <p>Emergency Contact: In case parent/guardian cannot be reached:</p> <p>Name _____</p> <p>Phone _____</p> <p>People authorized to pick up my child _____</p> <p>_____</p>

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Please Note: Reasonable efforts will be used to maintain confidentiality of the information disclosed on these cards.