VBS 2026 at St. Patrick's Church - July 20-24

Dear Parents / Queridos Padres

This year, St. Patrick's Church is looking for children who want to have a GREAT summer adventure Dive in and join us on a GREAT RAINFOREST journey! We are exploring the Nature of God!

Your kindergardener through fourth grader (just completed) can join us for fun while older children can paqrticipate as "guides" and earn service hours! The fun begins on July 20 and ends on July 20. VBS opens at 8:30 a.m. and closes at noon. We are looking forward to see everyone there! The fee is $30 per child and the kids will enjoy snacks, make crafts, receive a t0shirt , sing songs and learn great Bible Stories at the same time. Please fill out the form below to sign your children up today!

¡Este año, la Iglesia de San Patricio está buscando niños que quieran tener una GRAN aventura de verano! ¡Sumérjanse y únanse a nosotros en un GRAN viaje por la SELVA TROPICAL! ¡Estamos explorando la Naturaleza de Dios!

Sus niños desde kindergarten hasta cuarto grado (recién completado) pueden unirse a nosotros para divertirse, ¡mientras que los niños más grandes pueden participar como "guías" y ganar horas de servicio! La diversión comienza el 20 de julio y termina el 24 de julio. VBS abre a las 8:30 a.m. y cierra al mediodía. ¡Esperamos verlos a todos allí! La cuota es de $30 por niño y los niños disfrutarán de refrigerios, harán manualidades, recibirán una camiseta, cantarán canciones y aprenderán grandes historias de la Biblia al mismo tiempo. ¡Por favor, llene el formulario a continuación para inscribir a sus hijos hoy!

Child's Name (List all children attending.)	Grade Just Completed	T Shirt Size (Youth S, M, L, XL)
1)		
2)		
3)		
4)		

My child would like to be a "guide" and earn service hours. Helpers pay a $30 fee.

Child's Name – (List all teens who would like service hours.)	Grade Just Completed	T Shirt Size (Adult S, M, L, XL)
1)		
2)		

Parent Name:_____ Phone:_____

Address:_____ City:_____

Please be sure to also fill out the Diocesan permission form for all those attending.

Forms are Due by July 15! God Bless All of You!!!

DIOCESE OF JOLIET

Permission/Medical Release for Minors

Participant Name				
Address			**City**	**Zip**
Parent Name			**Name-Parent/Guardian 2**	
Parent Cell			**Cell-Parent/Guardian 2**	
Parent Email			**Teen Cell - (HS Only)**	
Parish Name			**City**	**Zip**
School Attending			**City**	
Date of Birth		**Age**	**Grade**	**M/F**

GENERAL PERMISSIONS

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

_____.

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. *If you wish to* ***opt out*** *of this permission initial here:* Parent/Guard Initial _____

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible ***for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.***

Parent/Guardian initial _____ **Participant initial** _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES ☐ NO ☐

If **YES**, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ **I.D.#** _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ **Relation** _____

Name: _____

Phone: _____ **Relation** _____

Participant Signature		**Date**
Parent/Guardian Signature		**Date**