

**2026 Vacation Bible School Registration  
St. Olaf Catholic Church  
August 4-7, 9am-12noon**



FAMILY INFORMATION

Last Name (name under which this form is to be filed) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Please circle one: Primary Secondary

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Please circle one: Primary Secondary

Family E-mail \_\_\_\_\_

VACATION BIBLE SCHOOL PARTICIPANTS

Please list the first name (and last if different than above), age and grade entering for each child you are registering.

Name _____	Age _____	Grade _____	t-shirt size	Youth / Adult S M L XL XXL
Name _____	Age _____	Grade _____	t-shirt size	Youth / Adult S M L XL XXL
Name _____	Age _____	Grade _____	t-shirt size	Youth / Adult S M L XL XXL
Name _____	Age _____	Grade _____	t-shirt size	Youth / Adult S M L XL XXL

ALLERGY INFORMATION

Please list any food or other allergies for your child(ren) along with their name.

\_\_\_\_\_

\_\_\_\_\_

FEES

If the cost could prohibit you from participating, please speak to the Director of Faith Formation about installment plans as soon as possible.

***\$25.00 per child on or before July 13***      or      ***\$35.00 per child after July 13***

Checks should be made payable to St. Olaf Parish.

**Registration deadline: Monday, July 27.**

Please call or e-mail with any questions:

**Dennis Kurtz**  
Director of Faith Formation  
715-832-2504, x103  
religiousformation@saintolafparish.org

**Robin Johengen**  
VBS Coordinator  
715-450-7067  
rjmcjo7203@gmail.com

**(Please fill out the reverse of this form and drop off with payment in the parish office  
or mail to: PO Box 1203, Eau Claire, WI 54702-1203)**

DIOCESE OF LA CROSSE - ST. OLAF FAITH FORMATION  
COMPREHENSIVE CHILD CONSENT AND RELEASE FORM  
Parental/Guardian Consent Form and Liability Waiver

Participant's full name

Birth date

Sex

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**PERMISSION TO USE PARTICIPANT PHOTOS:** You have my permission to use said participant's photos (for parish newsletters, bulletins, social media, etc.).

Initials of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

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

Parent/Guardian Name & relationship: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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