



Christ, Our Light! "Rainforest Falls" VBS Vacation Bible School

July 13 - 17, 2026
9:00 AM - 12:00 PM



PreK-Kindergarten CAMPER REGISTRATION FORM

One form per child. Please complete both pages, front and back.

Child's First Name: _____ Last Name/Surname: _____

Address: _____ City: _____ Zip: _____

The parish where you attend: _____

Phone Numbers: _____

Email Addresses: _____

VBS T-Shirt is included in registration fee. Registrations received after 6/8 will not receive a t-shirt.

T-shirt Type (circle one): Adult / Youth

T-shirt Size (circle one): XS / S / M / L / XL / XXL

____ My child is potty trained.

____ My child is in Preschool/Kindergarten. Grade entering Fall 2026: _____

Date of Birth: _____ Gender (circle one): Boy / Girl

My child can attend VBS on these days (circle days): M T W Th F

Registration preference will be given to those who are able to attend all 5 days of VBS.

Registrations are processed in the order they are received.

Out of parish registrations will be processed and contacted after 6/15/26 if spots are available.

In case of emergency, contact:

Name: _____ Relationship: _____

Phone Numbers: _____

PHOTOGRAPH / VIDEO PERMISSION

Please be advised that pictures and full name of your child(ren) may be taken and used on our website, bulletin, and/or Facebook page. If you do NOT want your child(ren) to be photographed, a signed and dated written note, addressed to Faith Formation, must be attached to this registration form.

Crews are comprised of children entering Preschool-Kindergarten. Requests for pairings due to unique circumstances will be considered on an individual basis and must be noted here: _____

____ Check here if you would like to volunteer the week of VBS. Please complete VBS Volunteer Registration Form.

____ \$35 registration fee is attached. **Make checks payable to "Christ, Our Light!"**

____ I am requesting a scholarship.

SPACE IS LIMITED. REGISTRATION DEADLINE: 6/8/2026

Questions? Contact Theresa Lee in the Faith Formation Office
248-649-5510 ext. 107 or email theresa.lee@coltroy.org

Must complete the back page of this registration form.

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: 2026 Vacation Bible School at Christ, Our Light! Parish

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Parent/Guardian's Signature: _____ Date: _____

Name of Parent or Guardian (**PLEASE PRINT**): _____

Campers & volunteers with food allergies are kindly asked to drop off their snacks each morning at check-in.

OFFICE USE ONLY

Total Amount Due: \$ _____

Total Amount Received: \$ _____

Check / Cash Check #: _____ Payment Rec'd on: _____ Received by: _____

Amount Remaining: \$ _____

Registration Form Rec'd on: _____ Received by: _____