

Please Register by June 1, 2026
Space is limited and registrations are accepted in the order they are received.

VACATION BIBLE SCHOOL



St. Jude Catholic Church
Summer of 2026
561-743-6125 (Julie Barrientos)



June 22nd through June 26th ~ 9:00 a.m. to Noon

For Children Ages 4 to 11, Entering VPK to 5th Grade in the Fall of 2026

Faith, Fun, Music, Crafts, Outdoor Time (please pack a snack & water bottle for your child)

**Please complete this form and bring it to our Faith Formation Office c/o Julie Barrientos
St. Jude Families will get priority. We thank you for your understanding.**

Name of Student: _____ **Nickname:** _____

(please circle): Male or Female _____ **Date of Birth & Age:** _____ **Grade Level Fall of 2026:** _____

Mailing Address: _____
Street _____ City _____ State _____ Zip _____

Father's Name _____ **Religion** _____

Best Phone Number _____ **Additional Phone Numbers** _____

Best E-Mail: _____

Mother's Name _____ **Religion** _____

Best Phone Number _____ **Additional Phone Numbers** _____

Best E-Mail: _____

Student lives with (please circle): **Both parents** **Mother** **Father** **Shared custody** **Guardian** **Other**

Parents are (please circle): **Married** **Separated** **Divorced** **Deceased (mother/father)** **Not married**

Additional information _____

Suggested Donation to St. Jude's Vacation Bible School
(Funds help offset the cost of supplies.)

- \$50.00 per child
- Cash or Check made payable to
St. Jude Catholic Church

For Office Use: rev. 2-11-2026

Registration Received on: _____ Donation Amount: _____

(Please Complete Page 2)

EMERGENCY INFORMATION: This information must be filled out by the Parent/Guardian and signed. While your child is in our care it is important for us to have the following information.

In case of emergency, if I am not available, please contact either of the following individuals. These people also have my permission to pick my child up from St. Jude.

Name: _____ Relationship: _____

Best Phone Number: _____ Alternate Phone Number: _____

Name: _____ Relationship: _____

Best Phone Number: _____ Alternate Phone Number: _____



HEALTH INFORMATION:

Is your child taking any medication? (please circle): No Yes

Medications: _____

Is there any medical information, condition or special need (e.g. allergies) that we should be aware of regarding your child and his/her health? (Please explain)

Insurance Carrier: _____ ID #: _____



PERMISSION AND MEDICAL TREATMENT WAIVER:

I, _____, the parent/guardian of _____ do hereby give my permission for him/her to attend St. Jude religious education classes and functions and to be treated for a medical emergency in my absence while participating in the Religious Education program. The Director of Religious Education or Adult Supervisor may act as an agent in my absence. In case of an accident, I do not hold the Diocese of Palm Beach, the parish of St. Jude, its staff, or volunteers responsible. I also give permission for a staff member of St. Jude or a volunteer to administer basic non-life-threatening treatment until I can arrive.

Name of Primary Care Doctor: _____ Phone: _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____