

**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 22<sup>nd</sup> through June 26<sup>th</sup> ~ 9:00 a.m. to Noon**

**For Children Ages 4 to 11, Entering VPK to 5<sup>th</sup> 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: \_\_\_\_\_