



ST. JOSEPH ~ ST. JOHN THE EVANGELIST  
ST. THERESE ~ SS. CYRIL & METHODIUS  
ST. MARY ~ ST. HUBERT~ ST. FRANCIS OF ASSISI  
2026 SUMMER BIBLE SCHOOL  
**PARTICIPANTS REGISTRATION FORM**  
(KN to 5-Fall of 2026)  
June 15 - June 19, 2026 AT  
ST. Francis of Assisi Church Social Hall - Footedale

Use one form for each child in the family PLEASE PRINT

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade Fall/2026 \_\_\_\_\_

**\*Child's T-shirt size: Child S M L XL Adult S M L** (please circle one)

Home Parish: \_\_\_\_\_

Names of parents: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Contact Phone Number: \_\_\_\_\_

Home email address: \_\_\_\_\_

**\*\*Allergies or other medical condition:** \_\_\_\_\_

**\*\*In case of emergency contact: (if different from above)** \_\_\_\_\_

Phone number: \_\_\_\_\_

Emergency contact Relationship to child: \_\_\_\_\_

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese and Parishes from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Parent's Signature: \_\_\_\_\_

**Registrations due June 9. Mail or bring it to the Parish Office**  
61 N. Mt. Vernon Avenue, Uniontown, PA 15401; or drop it in the collection basket.  
(Please see reverse side for waiver signature)