

**RCCT RELIGIOUS EDUCATION  
VACATION BIBLE SCHOOL**

**Emerald Crossing- travel with us through Ireland**

**July 27th to July 31st**

**9AM to 1PM**

**Our Lady of Czestochowa  
(OLC) Parish  
North Tonawanda**



\$25.00 per child/\$40 per family  
Grades K to Grade 6 (Fall 2026)

PLEASE DO NOT SEPARATE THIS FORM

**REGISTRATION FORM (Please Print)**

**FAMILY NAME** \_\_\_\_\_ **MOTHER** \_\_\_\_\_ **FATHER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE#** \_\_\_\_\_ **CELL#** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT** \_\_\_\_\_

1. **CHILD'S NAME** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE IN SEPT/2026** \_\_\_\_\_

**ALLERGIES OR OTHER MEDICAL CONDITIONS** \_\_\_\_\_

2. **CHILD'S NAME** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE IN SEPT/2026** \_\_\_\_\_

**ALLERGIES OR OTHER MEDICAL CONDITIONS** \_\_\_\_\_

3. **CHILD'S NAME** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE IN SEPT/2026** \_\_\_\_\_

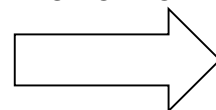
**ALLERGIES OR OTHER MEDICAL CONDITIONS** \_\_\_\_\_

4. **CHILD'S NAME** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE IN SEPT/2026** \_\_\_\_\_

**ALLERGIES OR OTHER MEDICAL CONDITIONS** \_\_\_\_\_

Make check payable to:  
St. Amelia with VBS Notation  
RCCT Religious Education  
2660 Niagara Falls Blvd.  
Tonawanda, NY 14150

**PLEASE COMPLETE  
BACK OF FORM**



**CONSENT AND RELEASE VACATION BIBLE SCHOOL 2026**

Please complete the following form.

I \_\_\_\_\_, the parent/guardian  
*(Please print your name)* *(Circle one)*

give RCCT Religious Education permission to use my child’s photograph, video image, sound recording, and/or work for use in promoting RCCT Religious Education Vacation Bible School. I realize that the photo may be used in the bulletin, on the website, the parish’s Facebook, Instagram, or Twitter accounts or any other publication

\_\_\_\_\_ I hereby do give permission for my child’s [Children’s] to be photographed for the above stated purposes.

\_\_\_\_\_ I do not give permission to the above and will explain to my child the reason they will not participate in photos.

***Please print***

Student’s name/grade \_\_\_\_\_

Student’s name/grade \_\_\_\_\_

Student’s name/grade \_\_\_\_\_

Student’s name/grade \_\_\_\_\_

Student’s name/grade \_\_\_\_\_

**Release of Name: If you gave permission for us to use photos**

VBS Students (check one):

\_\_\_\_\_ I **do** give permission for the use of my child’s last name and names of other family members.

\_\_\_\_\_ I **do not** give permission for the use of my child’s last name and names of other family members.

\_\_\_\_\_

*Parent or Guardian Signature/Date*