

**RCCT RELIGIOUS EDUCATION  
VACATION BIBLE SCHOOL**

**God's Great Creation. Join us down at the farm!**

**July 22nd to July 26th**

**9AM to 12:30PM**

**Family Night July 25<sup>th</sup>**

**6:30PM –8:30PM**

**St Jude the Apostle Parish**

\$40.00 per child/\$60 per family  
Grades K to Grade 6 (Fall 2024)



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/2024 \_\_\_\_\_

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

2. CHILD'S NAME \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN SEPT/2024 \_\_\_\_\_

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

3. CHILD'S NAME \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN SEPT/2024 \_\_\_\_\_

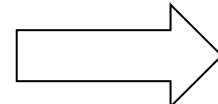
ALLERGIES OR OTHER MEDICAL CONDITIONS \_\_\_\_\_

4. CHILD'S NAME \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN SEPT/2024 \_\_\_\_\_

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**



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*