

# VBS Registration 2026



June 15<sup>th</sup> – 18<sup>th</sup>, 5:30 – 7:30 pm  
All Saints Catholic Church  
3330 14<sup>th</sup> St. Lewiston, ID

*For incoming Kindergarten thru 5<sup>th</sup> grade*

**Cost: \$25 for one child, \$40 for 2 children, \$50 for 3 or more (includes dinner)**

*\*Make checks payable to All Saints Parish. Fee is due upon registration. \**

*\*Registration is due to the parish office by May 29<sup>th</sup> to guarantee a T-shirt. \**

Name: \_\_\_\_\_ Grade this fall: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Allergies/ Medical conditions: \_\_\_\_\_

Be paired in group with: \_\_\_\_\_

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Allergies/ Medical conditions: \_\_\_\_\_

Be paired in group with: \_\_\_\_\_

Additional children can be entered on the back

**\*\*\*Please complete medical release form on the back.\*\*\***

Parent/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Will someone other than parents be picking up your child? \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Note: Registration will be accepted day of. There will be no guarantee for a T-shirt, or the group they are put in. Simple/Messy snacks are provided to the children. All classes are mixed ages. This allows us to group siblings or special friends together, or separate them as you wish. Please indicate your preference for each child.

For more information, please contact Melinda Brenner at [melinda@allsaintslewiston.org](mailto:melinda@allsaintslewiston.org) or call 208-743-1012.

# Medical Release Form

Name of event: \_\_\_\_\_

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of \_\_\_\_\_ (name of church) as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability \_\_\_\_\_ (name of church), any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed \_\_\_\_\_

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy or Group Number \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

If parent/legal guardian is not available in an emergency, contact

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please list any allergies. Include medications, foods, etc. \_\_\_\_\_

Does your child have any medical or special needs, including medications currently being used?

No \_\_\_\_ Yes \_\_\_\_ If yes, please explain. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Birth date \_\_\_\_\_