

# VBS REGISTRATION IS NOW OPEN



Embark on an exciting journey through the life of Christ, drawing closer to Him as you experience the cycle of the church year. Kids will have fun learning and celebrating the liturgical seasons of Advent, Christmas, Ordinary Time, Lent, and Easter, along with feast days and the saints.

## June 16-20 | 9AM-12PM | St. Paul

### Register for VBS at St. Paul

Dates: June 16-20, from 9:00 am—12:00 pm

Ages: 4 to rising 5th graders

Location: St. Paul Parish, 1000 Wenger Rd., Englewood, Ohio

1 child (\$20)

2 children (\$40)

3+ children (\$50)

Register using Flocknote:

<https://stgasparfamilydayton.flocknote.com/signup/209460>



Or complete the registration form on the reverse side and return it to your parish office with your payment. Make checks payable to St. Paul.

We are truly looking forward to journeying together with your children as they discover the beauty and meaning of each liturgical season—and as our parishes come together in faith, fellowship, and fun.

**2025 Vacation Bible School**  
**St. Gaspar Family of Parishes**  
**Held at St. Paul Church, June 16-20, 2025**

You are Registered Parishioners at \_\_\_\_\_ Church.

**Oldest student name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of School \_\_\_\_\_  
Grade in fall of 2025 \_\_\_\_\_ Allergies/Special needs \_\_\_\_\_  
Baptized?   Y   N      Received First Communion?   Y   N      Confirmed?   Y   N

**Student name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of School \_\_\_\_\_  
Grade in fall of 2025 \_\_\_\_\_ Allergies/Special needs \_\_\_\_\_  
Baptized?   Y   N      Received First Communion?   Y   N      Confirmed?   Y   N

**Student name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of School \_\_\_\_\_  
Grade in fall of 2025 \_\_\_\_\_ Allergies/Special needs \_\_\_\_\_  
Baptized?   Y   N      Received First Communion?   Y   N      Confirmed?   Y   N

**Student name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of School \_\_\_\_\_  
Grade in fall of 2025 \_\_\_\_\_ Allergies/Special needs \_\_\_\_\_  
Baptized?   Y   N      Received First Communion?   Y   N      Confirmed?   Y   N

**Student(s) Home Address** \_\_\_\_\_  
Street City Zip

**Child(ren) lives with:** Mother \_\_\_\_ Father \_\_\_\_ Stepmother \_\_\_\_ Stepfather \_\_\_\_ Grandparent(s) \_\_\_\_

**First/Last Name(s) of Parents/Guardians** \_\_\_\_\_

**Please check preferred phone number(s) for emergencies on Sunday mornings and/or ONE CALLS:**

- ☐ Home phone # \_\_\_\_\_
- ☐ \_\_\_\_\_'s cell phone # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Email address:** \_\_\_\_\_

*Please continue to complete all pages.*

**Office use:** Date \_\_\_\_\_ Ck# \_\_\_\_\_ Online \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)**

1. I, the custodial parent/legal guardian of \_\_\_\_\_, give permission for my Child to participate in the activity described on the *Activity Information Form* and release from all liability, indemnify, and hold harmless St. Paul Parish, Englewood, OH the Archdiocese of Cincinnati, the Archbishop of Cincinnati, Archbishop Dennis Schnurr, both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I ☐ agree ☐ do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I ☐ agree ☐ do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

**MEDICAL INFORMATION FORM**  
**Completed by Custodial Parent/Legal Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_; (other Phone No.): \_\_\_\_\_

(See Activity Information Form below)

**ACTIVITY INFORMATION FORM**  
**Completed by Parish/School -- Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. Ongoing Program**

Parish/School St. Paul Parish, Englewood, OH Program or Group: Vacation Bible School

Starting Date: June 16, 2025 Ending Date: June 20, 2025 Registration Fee: 1 student \$20, 2 students \$40, three or more \$50.

The Usual Location is St. Paul Church Rooms. The usual day and time are Monday through Friday, 9:00 a.m. to 12:00 p.m.

Routine Activities Religious Education Classes

Group Leader Mrs. Erica Rudemiller Telephone No. 937-836-7535 ext.2008

Other Information \_\_\_\_\_

\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_