



**Vacation Bible School Registration**

**Date: June 1 – 5, 2026**

**Time: 8:30 a.m. – 12:00 p.m.**

**Location: St. John School, Plaquemine**

*Please return forms to St. John the Evangelist Church Office in the Parish Hall.*

**Registration Due by May 15, 2026**

Child's Name (Last, First)	Shirt Size	Birthdate	Grade entering Next Yr

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent email address(es) \_\_\_\_\_

Registration Fee – One child (including t-shirt) - \$30.00 per child.

Registration Fee – More than one child (including t-shirt) - \$25.00 per child.

Enclose a check payable to St. John the Evangelist Catholic Church VBS for the total amount.

Number of children \_\_\_\_\_ Total of Payment \_\_\_\_\_

Please submit completed forms and fees by:

- 1.) Placing your envelope marked ATTN: Vacation Bible School in the collection basket at any mass.
- 2.) Return it to the Church Office by hand.
- 3.) Mail it to St. John the Evangelist Catholic Church, ATTN: Vacation Bible School, 57805 Main Street, Plaquemine, LA 70764

I hereby give permission for my child(ren) to participate in Vacation Bible School at St. John School for St. John the Evangelist Church on June 1 – 5, 2026.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete one section for each child in your family. (Sections on Back.)**

*All information will remain confidential to Vacation Bible School staff.*

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Child's Name \_\_\_\_\_  
Allergies, Medications, and/or Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Activity restrictions \_\_\_\_\_  
Parent/Guardian phone number(s) \_\_\_\_\_  
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
People authorized to pick up my child \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_  
Allergies, Medications, and/or Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Activity restrictions \_\_\_\_\_  
Parent/Guardian phone number(s) \_\_\_\_\_  
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
People authorized to pick up my child \_\_\_\_\_  
\_\_\_\_\_

**Please return all completed Registration/Permission to:**

**St. John the Evangelist Church VBS**

**57805 Main Street, Plaquemine, LA 70764**