

VBS 2025 Registration Form

The logo for CAT CHAT Vacation Bible School features the words "CAT CHAT" in large, stylized, red and yellow letters with a black outline. Below it, "Vacation Bible School" is written in a smaller, red, cursive-style font. The background of the logo includes a yellow sun with rays and several black musical notes floating around it.

Who: Children entering Grades Pre-K through Grade 6
(4 years old must be accompanied by an adult)

When: June 23- June 27, 2025 (M-F, 9 am to 12 Noon)

Where: Catholic Family Community Center, 329 Cliff Street, Honesdale

Contact: Anastasia Legg - rel.ed.stjohnshonesdale@verizon.net

Cost: \$10 per child (\$30 for 3 or more children)

Registration Deadline is June 13th

Completed Registration Forms and Fee can be mailed or dropped off to the Parish Office (414 Church St., Honesdale PA 18431)

Checks payable to St. John's Parish

Keep top portion for information (Cut at the dotted line)

Child VBS 2025 Registration Information:

Child's Name: _____ Age: _____ Grade completed: _____

Shirt size (circle one) – Youth (S), Youth (M), Youth (L), Adult (S), Adult (M),

Child's Name: _____ Age: _____ Grade completed: _____

Shirt size (circle one) – Youth (S), Youth (M), Youth (L), Adult (S), Adult (M),

Child's Name: _____ Age: _____ Grade completed: _____

Shirt size (circle one) – Youth (S), Youth (M), Youth (L), Adult (S), Adult (M),

Address: _____

Allergies/Medical Conditions/Medications: _____

Parents/Guardians' Name(s): _____ Email Address: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact Name: _____ **Phone:** _____

Photo Release - I consent that my child's photo maybe taken for St. John's website or Catholic Light Newspaper: **Yes() or No()**

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the VBS.

Parent / Guardian Signature _____

Date _____

Volunteer Registration Information:
--

Volunteers Needed! Parents and grandparents join us! All volunteers 18 years old and older are required to have a background check.
Up to 15 hours community service for Confirmation students!

Name: _____ Email Address: _____

Student Volunteer: () OR Adult Volunteer: () Home Phone: _____ Cell Phone: _____

I am interested in helping with: *(please check as many as interest you)*

____ Faith Station ____ Music Station ____ Crafts Station ____ Snacks Station ____ Fun & Games Station ____ Short Skits/Plays
____ Grades Pre-K & K ____ Grades 1 & 2 ____ Grades 3 & 4 ____ Grades 5 & 6