



at Holy Spirit  
 7667 E. 109<sup>th</sup> Ave, Crown Point  
 June 18-20, 2026

- Interactive Bible Stories
- Exciting Games & Activities
- Creative Crafts
- Music & Singing
- Friendship & Fun

**Jesus Loves Me  
 Vacation Bible School**

open to **students to be enrolled in Grades 2 to 5**  
 for the **2026-2027 School year**

**Thursday June 18 - Saturday, June 20, 2026**  
 9:00 am -11:30 am

Snacks and water and Juice will be provided.

**Cost is \$25 per child  
 Limited Space Available**

Family Last Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT INFORMATION:**

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Father : \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian/s allowed to pick up child: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

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

Student Name	Grade in Fall	Date of Birth	Gender	T-Shirt Size	Allergies , medications, medical conditions that we should be aware of

- I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child's participation in VBS. I further agree to assume full responsibility for the action of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in VBS.
- I hereby agree and consent to my son(s)/daughter(s) listed below may receive emergency medical treatment in my absence should the need for such treatment arise during my Child's participation in Totus Tuus. Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:
- In the interest of promoting future activities, video and still photography may be taken during this event. I give permission for my child's participation in the videotape and/or photographs, which may be used for future promotional efforts, including the Diocese of Gary website (names are not used in photos).

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_