Immaculate Conception Church
Vacation Bible School Enrollment Form

August 17- August 21, 2026

9:00am- 12:30pm

Vacation Bible School is a fun and engaging program to designed to help children grow in their faith through Bible lessons, worship, crafts, games, music, and fellowship. Our goal is to provide a safe, welcoming environment where children can learn about God's love, build friendships, and create lasting memories. We are excited to have your family join us!

Our program is open to children entering 1st-5th grades for the 2026-2027 school year. Please complete **one** form per family. **Enrollment form and registration fees may be mailed to 905 Chestnut Street, Douglassville, PA 19518 (attn: CCD)**. Space is limited. Contact **ccd@icbvm.org** for more info.

Registration Fee: $20.00 per child

Parent/Guardian Contact Information

Please note that all communications will be sent via email or *flocknote*. Please sign up for the parish's *flocknote* at ICBVM.org, and be sure to join the *CCD Parents* group.

Registered at Immaculate Conception Church ☐ Yes ☐ No
Family must register in the parish before enrolling in CCD classes. Please contact the Parish Office for more information on how to register in the parish.

Student resides with: ☐ Both Parents ☐ Guardians ☐ Mother ☐ Father
Other (please explain): _____

Father's Name: _____

Father's Phone: _____ Father's Email: _____

Father's Address: _____

Mother's Name: _____

Mothers's Phone: _____ Mother's Email: _____

Mother's Address: _____

Student Information

Child's Name	Age	Date of Birth	Grade Completed	Allergies/Medical Needs

Emergency Contact

Emergency contact must be someone other than parents/guardians.

Name: _____ Relationship: _____

Best contact number: _____

Please list any information or condition of which we should be aware to provide a proper educational environment for your child (allergies, learning disabilities, health concerns, home problems, etc.). All information will remain confidential. Please note that we are not professionally trained to handle all situations; however, should a problem arise, we will contact you regarding it.

_____

_____

Pick Up Authorization

Please list **all** names of any person (including parents) authorized to pick your child up from CCD. Children will only be released to people whose names appear on this form. Please list all that apply. All children must be escorted by an adult. No child will be allowed to leave the building alone.

Name: _____ Relationship: _____

Contact number: _____

Name: _____ Relationship: _____

Contact number: _____

Name: _____ Relationship: _____

Contact number: _____

I have read the policy, outlined in the CCD handbook regarding traffic/safety procedures during drop off and pick up times, and the safety procedures. I understand that if I violate these procedures, I am responsible for any accidents and/or injuries to myself, my children, or others. I will not hold Immaculate Conception Church, The Diocese of Allentown, Father Adam Sedar, and/or any staff member, volunteer, or employee responsible. I further understand that the best way to prevent any accident or injuries is to follow the procedures and policies that are part of the CCD program. **By signing this form, I understand and agree to these conditions.**

Parent Signature: _____ Date: _____

Parent Name (Print): _____

Section for Office Use Only

Registration Date: _____

Check #: _____/Amount: _____ Cash:_____ SCRIP Used: _____ Volunteer: Yes No