



St. Thomas the Apostle Vacation Bible Camp



2026 Registration Form

JOIN US FOR A WEEK OF FUN...

- Date: Monday, June 22nd to Friday, June 26th (Rain/shine)
- Time: 9:00 AM to 12:00 PM (A snack is provided daily, so you must inform us about allergies)
- Place: St. Thomas the Apostle School (PICK-UP & DROP-OFF in front of the school building)
- Cost: \$30.00 per child
- RETURN YOUR REGISTRATION FORM WITH YOUR PAYMENT **BEFORE June 5, 2026**
- Please let us know if your child would like to be placed in the same group as a sibling or friend:

MAILING ADDRESS: _____

PARENT'S E-MAIL: _____

ST. THOMAS THE APOSTLE PARISHIONER: YES _____ NO _____

MOTHER'S NAME: _____ Best Contact Phone #(s) : _____

FATHER'S NAME : _____ Best Contact Phone #(s) : _____



MAKE CHECKS PAYABLE TO: ST. THOMAS THE APOSTLE PREP. Return registration form with your check to the Pastoral Center or mail to: St. Thomas the Apostle PREP, One St. Thomas Plaza, Old Bridge, NJ 08857. Space is limited and is filled on a first-come, first-served basis. To pay on line Scan the QR Code, scroll to the bottom, select 'PREP Fees' under 'Fund'.

CHILD #1 NAME: _____ MALE: _____ FEMALE: _____

BIRTH DATE: _____ AGE: _____ GRADE COMPLETED JUNE 2026: _____

List any SPECIAL medical needs / conditions, dietary needs or allergies (please remember snacks will be provided daily) below:

CHILD #2 NAME: _____ MALE: _____ FEMALE: _____

BIRTH DATE: _____ AGE: _____ GRADE COMPLETED JUNE 2026: _____

List any SPECIAL medical needs / conditions, dietary needs or allergies (please remember snacks will be provided daily) below:

CHILD #3 NAME: _____ MALE: _____ FEMALE: _____

BIRTH DATE: _____ AGE: _____ GRADE COMPLETED JUNE 2026: _____

List any SPECIAL medical needs / conditions, dietary needs or allergies (please remember snacks will be provided daily) below:

EMERGENCY CONTACTS: Please provide 2 names (**not yourself**) who are available during camp hours.

Contact #1: _____

Contact #2: _____

Best Contact Phone #(s): _____

Best Contact Phone #(s): _____

Relationship to child(ren): _____

Relationship to child(ren): _____

IMPORTANT FAMILY INFORMATION:

YES NO ANYONE **NOT ALLOWED** TO TRANSPORT YOUR CHILD HOME? _____

YES NO CUSTODY / VISITATION ISSUES* _____

*** IF THERE IS A CUSTODY / VISITATION ISSUE – A COPY OF YOUR COURT DOCUMENT MUST BE RETURNED WITH THIS REGISTRATION FORM. THANK YOU.**

MEDICAL RELEASE:

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St. Thomas PREP to act on my behalf and approve appropriate treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my child. I further agree to indemnify and hold harmless St. Thomas the Apostle Church, the Diocese of Metuchen, their staff, all volunteers and adult supervisors working on their behalf. I further understand that parish representatives are **NOT** permitted to dispense medication.

SIGNATURE: _____ **DATE:** _____

ST. THOMAS PREP PHOTO RELEASE:

I give St. Thomas the Apostle permission and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child's image and likeness for parish publications, website or social media. **Please circle YES or NO (If nothing is circled we will assume YES).**

VOLUNTEERS NEEDED!!

Vacation Bible Camp is dependent upon volunteers who like to make a difference in the lives of the children of our parish by sharing their time, talents and faith. Please consider joining us!

NAME: _____ **PHONE:** _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

Any questions, please call St. Thomas PREP @ 732-251-1660 or
e-mail: amadonna@saintthomasob.com

RAINFOREST FALLS T-SHIRT ORDER



CHILD #1 NAME: _____ MALE: _____ FEMALE: _____

SIZE: CHILD ___ XS (2-4) ___ S (6-8) ___ M (10-12) ___ L (14-16)

ADULT ___ S (34-36) ___ M (38-40) ___ L (44-48) ___ XL (46-48)

CHILD #2 NAME: _____ MALE: _____ FEMALE: _____

SIZE: CHILD ___ XS (2-4) ___ S (6-8) ___ M (10-12) ___ L (14-16)

ADULT ___ S (34-36) ___ M (38-40) ___ L (44-48) ___ XL (46-48)

CHILD #3 NAME: _____ MALE: _____ FEMALE: _____

SIZE: CHILD ___ XS (2-4) ___ S (6-8) ___ M (10-12) ___ L (14-16)

ADULT ___ S (34-36) ___ M (38-40) ___ L (44-48) ___ XL (46-48)
