

VBS at St. John's Episcopal Church

June 19-23, 2017 ♦ 9:00am-12:30pm



Act before April 1st and it is just \$25 for your first child and \$20 each additional child!

Vacation Bible School Registration Form

FIRST CHILD'S INFORMATION

<i>Child's Name (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Name Called)</i>	<i>Gender (M/F)</i>
<hr/>				
<i>Date of Birth (MM/DD/YY)</i>	4's TK K 1 st 2 nd 3 rd 4 th 5 th 6 th	<i>Circle rising school grade (2017-18)</i>		
				XS S M L XL Adult M
				<i>Circle Child's T-Shirt Size</i>

SECOND CHILD'S INFORMATION

<i>Child's Name (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Name Called)</i>	<i>Gender (M/F)</i>
<hr/>				
<i>Date of Birth (MM/DD/YY)</i>	4's TK K 1 st 2 nd 3 rd 4 th 5 th 6 th	<i>Circle rising school grade (2017-18)</i>		
				XS S M L XL Adult M
				<i>Circle Child's T-Shirt Size</i>

THIRD CHILD'S INFORMATION

<i>Child's Name (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Name Called)</i>	<i>Gender (M/F)</i>
<hr/>				
<i>Date of Birth (MM/DD/YY)</i>	4's TK K 1 st 2 nd 3 rd 4 th 5 th 6 th	<i>Circle rising school grade (2017-18)</i>		
				XS S M L XL Adult M
				<i>Circle Child's T-Shirt Size</i>

PARENT/GUARDIAN INFORMATION

<i>Primary Contact Name</i>	<i>Relationship</i>			<i>Contact Phone Number</i>
<hr/>				
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Email Address</i>
<hr/>				
<i>Secondary Contact Name</i>	<i>Relationship</i>			<i>Contact Phone Number</i>
<hr/>				
<i>Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Email Address</i>

Please list anything we may need to know when placing your child(ren) in a class:

MEDICAL INFORMATION

Physician's Name

Physician's Telephone

Hospital Preference

Insurance Company

Policy Number

Group Number

Allergies? Yes/No If yes, explain: _____

Please list any special medical conditions of which the VBS staff should be aware:

Local Emergency Contact Person (if we cannot reach parent/guardian)

()
Phone Number(s)

WAIVER and PERMISSION

I hereby give my authorization and consent for my child to attend St. John's Vacation Bible School during the week of June 19-23, 2017.

I hereby release St. John's Episcopal Church, its staff and Vacation Bible School Volunteers from legal responsibilities or liability which might arise from the act I have authorized and consented to above, including a release of all demands for damages on account of any accident which might occur in connection with Vacation Bible School.

I hereby give my authorization and consent for the rendering to my child, by a licensed physician or physicians, of such medical services and treatment as may become necessary or advisable during the aforementioned period of time, regardless of whether such treatment or services become necessary by reason of any emergency, unanticipated conditions, or otherwise. Such consent and authorization shall include also the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of a licensed physician.

Further, in consideration of your assuming the aforementioned responsibilities to my child during the aforementioned period of time, and I hereby agree to indemnify and defend Matt Williams and VBS Co-Directors, St. John's Episcopal Church and the Vacation Bible School staff volunteers, including youth helpers, any loss, damages or demand by my child, or by any other person in behalf of or for the benefit of my child.

I do not give permission for my child's picture to appear in St. John's publications.

Parent/Guardian Signature

Date

My child will be picked up by (mom, dad, grandparent, babysitter or friend): _____

Please Note: VBS Registration Fees are not refundable.

Questions, completed registrations, and fees should be directed to Family Minister Matt Williams at St. John's.
704-366-3034, ext. 238 ♦ matt@saintjohns-charlotte.org