**Vacation Bible School Registration Form**



**St. John’s Episcopal Church**

**June 18-22, 2018**

**9:00am-12:30pm**

**$35 per child before May 1**

**$55 per child after May 1**



**FIRST CHILD’S INFORMATION**

*Child’s Name (Last) (First) (Middle) (Name Called) Gender (M/F)*

 4’s TK K 1st 2nd 3rd 4th 5th 6th XS S M L XL Adult M

*Date of Birth (MM/DD/YY) Circle rising school grade (2018-19) Circle Child’s T-Shirt Size*

**SECOND CHILD’S INFORMATION**

*Child’s Name (Last) (First) (Middle) (Name Called) Gender (M/F)*

 4’s TK K 1st 2nd 3rd 4th 5th 6th XS S M L XL Adult M

*Date of Birth (MM/DD/YY) Circle rising school grade (2018-19) Circle Child’s T-Shirt Size*

**THIRD CHILD’S INFORMATION**

*Child’s Name (Last) (First) (Middle) (Name Called) Gender (M/F)*

 4’s TK K 1st 2nd 3rd 4th 5th 6th XS S M L XL Adult M

*Date of Birth (MM/DD/YY) Circle rising school grade (2018-19) Circle Child’s T-Shirt Size*

**PARENT/GUARDIAN INFORMATION**

*Primary Contact Name Relationship Contact Phone Number*

*Address City State Zip Email Address*

*Secondary Contact Name Relationship Contact Phone Number*

*Address (if different) City State Zip Email Address*

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

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**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:

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*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 18-22, 2018.

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