

**St. James' Vacation Bible School Registration**  
**June 25-29, 2018 ~ 9:00-11:30 am ~ \$20 per student (\$50 maximum cost per family)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed in June \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed in June \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed in June \_\_\_\_\_

(List additional child(ren)'s name, age and grade completed on the back)

Address \_\_\_\_\_

Email \_\_\_\_\_ Home phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list any person, other than the parents, who may pick up your child \_\_\_\_\_

**Medical Release Form**

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of St. James' Episcopal Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further release from any liability St. James' Episcopal Church and any of its ministers or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims from intentional misconduct or gross negligence.

If you cannot be reached in case of emergency please list who we may contact:

Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Does your child have any allergies, medical or special needs, including medications currently being used that we need to be aware of? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Parent/Legal Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Name (Sign) \_\_\_\_\_ Date \_\_\_\_\_



**PICTURE PERMISSION FORM**

Dear Parents,

As you know with church events like vacation Bible School, we always take pictures. These pictures are used for our media: Sunday bulletin, newsletter, St. James' website, and the St. James' Facebook page.

If you **DO NOT** want your child's picture published please complete the form below:

**PLEASE DO NOT** use my child(ren)'s photo in any St. James' publication or on the internet.

Parent Name (Print) \_\_\_\_\_

Parent Name (Sign) \_\_\_\_\_ Date \_\_\_\_\_

Vacation Bible School  
would not be possible without volunteers!

Would you or an older child (age 12 & up) consider helping out one or more evenings? \_\_\_\_\_

Circle mornings you are available:

Mon.      Tues.      Wed.      Thurs.      Fri.      or      All Week

Where would you prefer to assist?

- |  |                                 |  |
|--|---------------------------------|--|
| <input type="checkbox"/> VBS counselor | <input type="checkbox"/> Snacks | <input type="checkbox"/> pre-VBS decorating      |
| <input type="checkbox"/> Bible Stories | <input type="checkbox"/> Games  | <input type="checkbox"/> Put me anywhere needed! |
| <input type="checkbox"/> Music         | <input type="checkbox"/> Crafts |  |

Your name: \_\_\_\_\_

Email: \_\_\_\_\_