

# St Peter's UCC VBS Registration Form

## August 4-8 9am to 12noon

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (where you can be reached during VBS) \_\_\_\_\_

Child(ren)'s Name	Sex	Birth Date	Grade Completed
	M / F		
	M / F		
	M / F		
	M / F		
	M / F		

### I CAN HELP, PLEASE LET ME HELP!

\_\_\_ I'll teach a class

\_\_\_ I'll be a shepherd

\_\_\_ I'll teach art

\_\_\_ I'll teach music

\_\_\_ I'll lead the refreshments (be responsible for snack prep, serving, and cleanup)

\_\_\_ I'll lead games and activities

\_\_\_ I'll help any way I can

### ■ In case of an Emergency

Additional Contact if a parent cannot be reached at the phone number provided.

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Does your child take a daily medication?

YES NO if yes, please list \_\_\_\_\_

ANY Other special conditions teachers/staff should be aware of? YES NO

If yes, please describe \_\_\_\_\_

While I understand that every reasonable precaution will be taken, in the event of an emergency I authorize any member of the VBS staff to get emergency help for my son/daughter as is deemed appropriate.

I understand that every attempt will be made to contact me in case of an emergency.

\_\_\_\_\_  
Parent(s) signature