

# St Peter's UCC VBS Registration Form

August 3-7

9am to noon

## Parent's Information

Name (first & last)

Street Address

City, State, & ZIP

Home Phone

Cell Phone

## Children's Information

Child's Name	Sex	Birth Date	Grade
	M / F		
	M / F		
	M / F		
	M / F		
	M / F		

I CAN HELP!

I'll teach a class       I'll be a shepherd       I'll teach art       I'll teach music

I'll lead the refreshments (snack prep, serving, and cleanup)       I'll lead games

I'll help anyway I can

## In case of Emergency

Please list the phone number where you can be reached during VBS \_\_\_\_\_

Please list an emergency contact if a parent cannot be reached during VBS

Name	Phone Number	Relationship to child
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Does your child have any allergies that teachers/staff need to be aware of?    YES    NO

If yes, please describe:

Does your child take any medications that teachers/staff need to be aware of?    YES    NO

If yes, please describe:

Are there any special conditions teachers/staff need to 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.

I understand that my child may be photographed during VBS and those photographs may be used for promotional materials for the church (perhaps in the Lamplighter or on the church's website). Your child's name will not accompany the photographs online.

Parent(s) signature

Date