

St. Peter's U.C.C. Vacation Bible School Registration Form

August 8 - 12

8:30 - 11:30

Parent's Information

Name (first and last)
Street Address
City, State, Zip
Home phone
Cell phone

Children's Information

Child's name	Gender	Birth Date	Grade completed
	M / F		
	M / F		
	M / F		
	M / F		

I CAN HELP!

Please contact me I would like to...

- | | | |
|---|--|---|
| <input type="checkbox"/> lead music | <input type="checkbox"/> lead snacks | <input type="checkbox"/> lead games |
| <input type="checkbox"/> lead arts and crafts | <input type="checkbox"/> lead nature discoveries | <input type="checkbox"/> be a counselor |
| <input type="checkbox"/> donate a snack item | <input type="checkbox"/> assist in preparations | <input type="checkbox"/> be a helper |

In case of EMERGENCY

Phone number you can be reached during VBS:		
Emergency contact if you are unreachable		
Name:	Phone number:	Relationship to child:
Does your child have any allergies that teachers/staff should be aware of? Yes / No		
If yes, please describe:		
Does your child take any medication that teachers/staff should be aware of? Yes / No		
If yes, please describe:		
Are there any special conditions that 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 photos may be used for promotional materials for the church (including but not limited to Lamplighter and website publications). Your child's name will not accompany any photographs.

Parent signature

date