

## SHIPWRECKED VBS 2018 Registration June 18<sup>th</sup> – 21<sup>st</sup>

Child's Name \_\_\_\_\_ Contact Adult \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

If you are coming to VBS as a guest of a St Pauls member, please let us know who they are, so that we make sure to keep you together when making groups. Name of friend: \_\_\_\_\_

**PRESCHOOL CHILDREN: NAMES AND DATES OF BIRTH ( FOR 3-5 YEAR OLDS, MUST BE POTTY TRAINED ) 6:15 – 8:00 PM**

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

**ELEMENTARY CHILDREN: NAMES AND GRADES COMPLETED 2016-2017 ( K – 5<sup>TH</sup> GRADE) 6:15 – 8:30 PM**

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

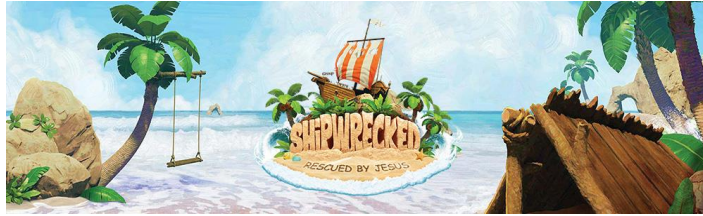
\_\_\_\_\_ GRADE \_\_\_\_\_

**SPECIAL REQUESTS , FOOD ALLERGIES OR ANYTHING THAT YOU FEEL THE STAFF SHOULD KNOW ABOUT YOUR CHILD ( PLEASE ATTACH AN ADDITIONAL SHEET IF NECESSARY) :**

We will be serving a kid friendly dinner each night starting at 5:30 for VBS attendees, their families and all staff in hopes to make the evening less hectic for everyone. Monetary donations are accepted to help offset the cost of food but are not required. Please specify the number of adults and children.

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_

**WE ARE IN NEED OF VOLUNTEERS TO HELP WITH VBS! THERE ARE LOTS OF WAYS TO HELP. IF YOU'RE INTERESTED, PLEASE CONTACT ALLYSSA BOYER @ allyssaboyer@outlook.com.**



### **Photo Release Form for**

### **St Paul's United Church of Christ**

I understand that as a participant in the St Paul's UCC "Shipwrecked" VBS, my child may be photographed or videotaped during VBS events. I also understand that these may be used for presentation or promotional materials for this and future VBS programs.

Name(s) of participants: \_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Initial here if you do not wish to have your child included in photographs or videotaping.

### **Medical Release Form**

I, the parent or guardian of the above listed child / children, grant permission for my child to participate in VBS at St Paul's UCC. I grant permission for medical treatment if necessary if the child care provider or emergency contact cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide necessary care for my child's well-being. I also release and agree to hold harmless St Paul's UCC and all its participants from any liability and assume all risk of injury, damage or expenses as the result of participation in activities in VBS.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_