

HEIFER PROJECT-ANIMAL CRACKERS-VBS 2019 June 17th – 19th, Rain date June 20th

Child's Name _____ Contact Adult _____

Address: _____

Email: _____ Phone #'s: _____

If you are coming to VBS as a guest of a St Paul's 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) 6:30 – 8:00 PM

_____ DOB _____

_____ DOB _____

_____ DOB _____

ELEMENTARY CHILDREN: NAMES AND GRADES COMPLETED 2018-2019 (K – 5TH GRADE) 6:30 – 8:00 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) :

*This year St. Paul's VBS will be held at **Paulus Farm Market, 1216 S. York St., Mechanicsburg.** Since we are on the farm, we will not be serving dinner this year. The last night of VBS will include a family celebration and will be extended to 8:30 PM.*

WE ARE IN NEED OF VOLUNTEERS TO HELP WITH VBS! THERE ARE LOTS OF WAYS TO HELP. IF YOU'RE INTERESTED, PLEASE CONTACT JONNEKE DUNDORE @ jonnekev@aol.com

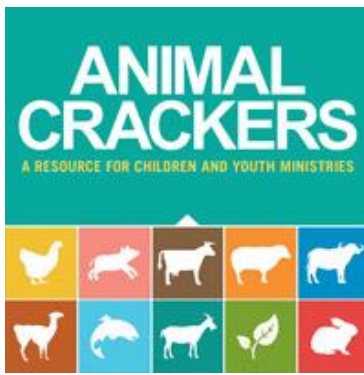


Photo Release Form for

St Paul's United Church of Christ

I understand that as a participant in the St Paul's UCC "Animal Crackers" 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: _____