



**St. Paul's United Church of Christ - Vacation Bible School
Registration Form**

July 14-17, 2025

6:00-8:15 PM

Parent's/Guardian's Name _____

Email: _____ Phone Number: _____

Emergency Contact Name (if different from above) _____

Emergency Contact Phone Number (if different from above) _____

PRESCHOOL CHILDREN: NAMES AND DATES OF BIRTH (MUST BE POTTY TRAINED)

_____ DOB _____

_____ DOB _____

ELEMENTARY CHILDREN: NAMES AND GRADES COMPLETED 2024-2025 (KINDERGARTEN – RISING 5TH GRADERS)

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

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

Photo Release Form for St. Paul's United Church of Christ

I understand that as a participant in St. Paul's UCC's "Waves of Wonder" Vacation Bible School, my child may be photographed or filmed during VBS events. I also understand that these photographs and video recordings may be used for presentation or promotional materials for St. Paul's UCC, including publication on St. Paul's UCC's website and social media platforms.

Name(s) of participants: _____

Parent / Guardian Signature: _____ Date _____

_____ Initial here if you do **not** wish to have your child's photograph or video recording posted on St. Paul's UCC's website and social media pages.

Medical Release Form

I, the parent or guardian of the above listed child / children, grant permission for my child to participate in Vacation Bible School (VBS) at St. Paul's UCC. I grant permission for medical treatment if necessary. If my child's emergency contact cannot be reached, I give permission to the VBS volunteers to secure the services of a licensed healthcare provider 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 staff, volunteers, and 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: _____