



# Vacation Bible School

<b>Where:</b> St. Paul's Episcopal Church	<b>Who:</b> Children ages 5-10
<b>When:</b> July 13-17, 2015	<b>Theme:</b> Spies and Secret Agents
<b>Time:</b> 9:00-12:00	<b>Contact:</b> <a href="mailto:maureen4stpauls@gmail.com">maureen4stpauls@gmail.com</a> parish office: 215-348-5511 <a href="mailto:office@StPaulsDoylestown.org">office@StPaulsDoylestown.org</a>

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## Registration for St. Paul's Episcopal Church Vacation Bible School 2015

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Zipcode \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Grade in September \_\_\_\_\_ Circle Days Attending M Tu W Th F

Any special information pertinent to your child's attendance at VBS \_\_\_\_\_

*I understand that while at VBS, my child will be under the supervision and care of their group leader and/or other suitable adults, including qualified first aiders. I also understand that although the staff in charge of the program will take care of my child, they cannot necessarily be held responsible for loss, damage or injury arising while at this event.*

*I agree to my child participating in all activities and give my permission to my child being photographed for display in Paxon Hall only.*

*I consent to the use of any emergency treatment deemed necessary.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please list additional children's names, dates of birth, grade and special information on the back of this form.

