

ST. ANDREW'S UNITED CHURCH VACATION BIBLE SCHOOL (VBS) PROGRAM

REGISTRATION FORM
August 4th- August 7th, 2020
9:00 AM TO 12 PM

St. Andrew's United Church
standrewsvacationbibleschool@gmail.com

Child's Name _____ Date of Birth _____ Grade _____

Parent(s)' name(s) _____

Address _____ City _____ P.C. _____

Phone# (Home) _____ (Work) _____ (Cell) _____

Email address: _____ T-Shirt Size (Youth - xs,s,m,l,xl): _____

Name and telephone # of two people to contact in an emergency.

Child's Health Card # _____

Known Allergies: _____

Special Medical Conditions or medications of which Vacation Bible School Staff should be aware:

I give permission for my child to participate in the St. Andrew's United church VBS Program. In the event of a medical emergency, I give my permission for the staff of the VBS program to seek medical attention for my child.

Date: _____ Signature: _____

Photo-Video Permissions:

1) I give permission for images of me/my child, captured during the VBS activities through video, photo and digital camera, to be used solely for the purposes of St. Andrew's Church's **newsletters and church service slide shows**. (Note: no names will be published)

Yes: _____ No: _____

2) I give permission for images of me/my child, captured during the VBS activities through video, photo and digital camera, to be used solely for the purposes of St. Andrew's Church **promotional materials**. (Note: no names will be published)

Yes: _____ No: _____

Mailing List Permission:

I give permission for my child to be put on a mailing list to be used solely for the purposes of St. Andrew's Church children's programs, such as early notification of VBC, etc. **Yes: _____ No: _____**

Would you be interested in volunteering with this year's VBS program? Yes____ No____