

Registration Form

Vacation Bible School Program

July 17<sup>th</sup> -21<sup>st</sup>,2017

St. Paul's Episcopal Church

5:30pm-7:30pm

22 Dillman Dr. CB, IA 51503

Abby Haggerty – Team Leader

Ph. 712-322-7188

Print form and either drop it off or mail it to the church OR email to office@stpaulscb.com

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Name and telephone # of another person to contact in an emergency:

\_\_\_\_\_

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Childs known allergies: \_\_\_\_\_

Special Medical Conditions or medications of which VBS staff should be aware: \_\_\_\_\_

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I give permission for my child to participate in the St. Paul's 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: \_\_\_\_\_

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**Photo-Video Permission:**

I give permission for images of my child, captured during the VBS activities through video, photo and digital camera, to be used solely for the purposes of St. Paul's Church promotional materials and may be used on the church's social media page and website.

YES: \_\_\_\_\_ NO: \_\_\_\_\_