St. John the Evangelist Vacation Bible School 2010
Registration & Emergency Contact Form

Child's Name DOB Grade in Fall '10 Unisex t-shirt size

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Parent/Guardians' Names **Parent E-mail**

Home phone Work phone Mobile phone

Address City State/Zip

Volunteers make VBS possible! Will you volunteer for VBS Monday July 19 – Friday July 23?

YES ☐ NO ☐ YES, ON THE FOLLOWING DAYS:

For on-site VBS parent volunteers: If you will need nursery care for a child younger than PreK/age 4, please list name and ages of children here.

Emergency Contact Other Than Parent Relationship

Home phone Work phone Mobile phone

Health Information
Please describe any allergies, dietary or health concerns your child has, and how the condition is handled:

Authorization of Emergency Medical Treatment
Should a medical emergency arise during my child's participation in St. John's Vacation Bible School, I understand that reasonable efforts will be made to contact me or my emergency contact person at the phone number(s) listed below. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me or my emergency contact would cause, I consent to the administration of medical treatment deemed necessary by the medical doctor and/or medical facility and the immediate administration of life sustaining measures deemed necessary under the circumstances.

Signature of parent **Date**

Photograph Consent
Do you give consent for your children to be photographed during VBS? Photos will be shown at closing program and may be used on the St. John's website or publicity materials.

Signature of parent **YES ☐ NO ☐**

Please send this form
with your registration check of $35 per child, $70 family max to
Jessica McFadden ● 14712 Cobblestone Dr. ● Silver Spring, MD 20905
Thank you!