



Welcome to Splash Canyon Vacation Bible School

St. Paul's Lutheran Church
11795 Route 216
Fulton, MD 20759

July 30 – August 3, 2018; 9am—noon
Ages: 3 years thru rising 5th grade
Cost: \$35 per student, Register by July 16, 2018

CLASSES FILLED ON A FIRST COME, FIRST SERVE BASIS

Registration is thru July 16th

Registrations received after this date cannot be guaranteed a VBS t-shirt.

REGISTRATION FORM

CHILD'S NAME	BIRTHDATE	GRADE ENTERING	T-SHIRT SIZE (Youth XS-L/Adult S-XL)
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Does your child(ren) have any allergies? YES__ NO__ If yes, please explain_____

Does your child(ren) have any medical issues or special needs? YES__ NO__ If yes, explain_____

Does your child(ren) take any medication? YES__ NO__ If yes, please explain_____

Does your child(ren) have any dietary restrictions? YES__ NO__ If yes, please explain_____

In case of emergency/illness notify 1st_____

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

In case of emergency/illness notify 2nd_____

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

Child(ren)'s Names: _____

I, as parent/guardian, give my permission for the VBS staff of St. Paul's Lutheran Church, Fulton, MD to administer basic first aid to my child(ren) or to obtain medical care from a licensed physician, hospital, or medical clinic for my child(ren). _____ (parent initial)

I, as parent/guardian, give permission for my child(ren) to attend Splash Canyon VBS at St. Paul's Lutheran Church, Fulton, MD. _____ (parent initial)

In consideration of the opportunity for my child(ren) to participate in VBS, I agree to release and hold harmless and indemnify St. Paul's Lutheran Church and also all their agents, volunteers and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child(ren)'s participation in Splash Canyon VBS. _____ (parent initial)

Parents/guardians of participants are advised that the photographs of participants may be used in publications, websites or other materials produced by St. Paul's Lutheran Church. (Participants would not be identified, however, without specific written consent.) My child(ren) may be photographed while participating in Splash Canyon VBS. _____ (parent initial)

The following persons are allowed to pick up my child(ren) at the end of the Splash Canyon VBS program each day: (Please include parent name if parent will be picking up the child(ren).)

NAME	RELATION TO CHILD	CONTACT NUMBER

Parent/Guardian Name _____ Phone Number _____

Address _____

Email Address _____

(used for VBS correspondence)

Church affiliation (if any) _____

Yes, I can help! Please check the areas where you are interested in helping. If you can only help certain days, please mark the days you are available. Adult and/or youth volunteer forms will be sent to you.

- | | | |
|---|---|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Craft Helper |
| <input type="checkbox"/> Co-teacher | <input type="checkbox"/> Nursery Helper | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Teacher's aide | <input type="checkbox"/> Registration (Mon. Only) | <input type="checkbox"/> Music |
| <input type="checkbox"/> Junior helper (6 th grade and up) | | <input type="checkbox"/> I can help wherever needed |

I am available: (please circle) Monday Tuesday Wednesday Thursday Friday

Parent's/Guardian's signature _____

**For more information, please contact Barbara Ball at 443-472-3407 or BarbaraLHerr@aol.com
St. Paul's church office at (301-725-0241)**

Please make checks payable to
SAINT PAUL'S LUTHERAN CHURCH
Mail Registration Form and check to
Saint Paul's Lutheran Church at address above
OFFICE USE: Paid cash ___ check ___ Received ___