

**ST. JOHN'S LUTHERAN CHURCH
2026 VACATION BIBLE SCHOOL
REGISTRATION FORM
(2-SIDED)**

Student Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade Entering in Fall of 2026 _____

Home Phone _____

*****All children must be between the ages of 3 years old and 6th grade.**

*****All children must also be potty-trained.**

Parent 1's Name _____ Cell _____ Email _____

Parent 2's Name _____ Cell _____ Email _____

Persons authorized to pick up my child _____

Special Needs (disabilities, allergies, behavioral issues, medications, etc) _____

Emergency Contact: In case of an unforeseen circumstance, in which you are unable to pick up the child after class, please list a person who we should contact.

Name _____ Relationship to Student _____ Phone _____

Monday, July 13 – Friday, July 17



9:30 am – 12:00 pm

_____ I WOULD LIKE TO VOLUNTEER TO TEACH, LEAD OR HELP. (I will contact you.)

Circle all that apply:

- | | | | |
|-------------|--------------------|---------|-------|
| craft | snack | lesson | games |
| preparation | small group leader | science | |

Photo Release: I permit my child's photo to be used:

_____ Posters displayed in the church

_____ In the church's weekly and monthly newsletters, the website, and social media.

_____ My child's first and last name may be used.

Medical Release: In case of a medical emergency, I give my consent for my child to be transported to the nearest hospital, and for the attending physician to administer any necessary medical treatment. I give St. John's education staff permission to administer basic first aid (band-aids, etc) to my child. Please note: The education staff will not administer any medication without written consent from the child's parent on the day the medication is to be administered. Whenever possible, please give your child any needed medications before bringing him/her to class. If you child has been issued an Epi-pen, please note this under Special Needs on the registration form.

Your Health Carrier: _____

Parent's Signature: _____ Date: _____

Return to: St. John's Lutheran Church, 505 N. York Road, Hatboro, PA 19040, ATTN: Abigail Metheny;
OR drop off at the church office Monday – Friday (hours 9 – 2); OR email to sjchrised@gmail.com.