

**ST. JOHN'S LUTHERAN CHURCH
2024 VACATION BIBLE SCHOOL
REGISTRATION FORM (2-SIDED)**

Student Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade _____ Entering in Fall of 2024 _____

Home Phone _____

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

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

Mother's Name _____ Cell _____ Email _____

Father'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 - Friday
July 8 – 12
9:30 am – 12:30 pm**

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

Check all that apply: ___ craft ___ snack ___ lesson ___ games
 ___ large group time ___ preparation ___ small group leader

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

- Posters displayed in the church
- In the church's weekly and monthly newsletters and on the website
- 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 form 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.