



Son Spark Labs

Discovering God's Plan 4U=Jesus

July 8th through July 12th
9:00a.m. to Noon



Students' Name _____ Age _____ Students' Name _____ Age _____
 Students' Name _____ Age _____ Students' Name _____ Age _____
 Parent/Family/Guardian Name _____
 Address: _____ E-mail: _____
 Phone # _____ Cell# _____ Work _____
 Friends of your child that will be attending: _____
 Allergies/Medical Information/other: _____

Emergency Contacts: Name: _____ Phone # _____

Are Parents/ or family members helping? _____ If yes where would they like to help? _____

Medical Release: I give my permission for the VBS staff at St. Ann Parish to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant St. Ann Parish permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) At St. Ann Parish. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31 of this year.

Parent Signature: _____ Date: _____

WARNING:
THIS VBS IS A REAL
BLAST!

Return form to: Joyce Kloft
St. Ann's Church
16550 290th Street
Long Grove, Iowa 52756
Phone: 563-285-4596
E-mail: jkloft@stannslonggrove.org