

**Maker Fun Factory VBS**

**St. John the Evangelist: August 7-11, 2017**

**Registration Deadline: August 1, 2017**

**Cost: \$20 per child (\$60 max)**



Family Last Name:

Child Name	Birth Date	Grade Entering	Any Allergies or Special Needs

Address:	City:	Zip:
Phone Number:	Unlisted Phone Number? (Please Circle)	Yes or No
Email:	Registered Member of St. John's? (Please Circle)	Yes or No

Mother's Name:	Phone:	Father's Name:	Phone:
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If grade levels need to be split up due to large numbers, I would like my child(ren) to be placed with the following children:

Emergency Contact:	Phone Number:
Family Physician/ Clinic:	Phone Number:

I, \_\_\_\_\_, will pick up my child(ren) from Vacation Bible School. In the event that I cannot pick up my child(ren) from VBS, I authorize the group leader to release my child(ren) to the following adults (Please remember to include the other parent/step-parent if appropriate):

Names: \_\_\_\_\_ Phone: \_\_\_\_\_  
Names: \_\_\_\_\_ Phone: \_\_\_\_\_

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness. In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of Parent Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release:** I give permission for my child(ren) to be photographed:  
 for a class photo for a craft       for a collage of photos to be displayed at church.

Payment (Office Use Only):

**CD:**  I would be interested in purchasing a music CD for \$10 (this will reserve you a copy)