**ST. MATTHEW’S LUTHERAN CHURCH 2024**

**VACATION BIBLE SCHOOL Registration**

***“****Whenever I’m afraid, I put my trust in. you.****”*** - *Psalm 56:3*

**We will meet June 17 - 20 (Monday - Thursday) 9:00 a.m. - Noon**

Open to children who are 3 (toilet trained) through rising 6th graders

**Please register by June 9th to reserve your space!** (Return in the church offering or to the church office at 12351 All Saints Place, Woodbridge, VA 22192.)

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Grade Completed: \_\_\_\_\_\_\_**

**Parent/Family/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send a light snack each day for your child. Water will be provided during snack time.**

Please enclose $10.00 for each family attending.

Please complete a registration form for each child attending.

Need more information? Contact Gretchen Wilcox at gretchenwilcox@verizon.net.

**For Parents,** I am willing to help with:

Bible Storyteller \_\_\_\_\_\_\_\_\_ Helping Play Games \_\_\_\_\_\_\_\_\_

Helping with crafts \_\_\_\_\_\_\_\_\_ Helping with Science Activities \_\_\_\_\_\_\_\_\_

Decorations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wherever you need help \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE THE EMERGENCY CONTACT AND MEDICAL RELEASE

INFORMATION ON THE BACK OF THIS FORM

**EMERGENCY CONTACT AND MEDICAL RELEASE INFORMATION**

Emergency Contacts: (name and day time phone number)

Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please give relationship to child)

Name(s) of person(s) who may pick up this child from VBS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Information of possible concern (allergies, dietary, EpiPen, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Release**: I give my permission for any and all medical attention necessary to be administered under the direction of St. Matthew’s Lutheran Church staff or volunteers of Vacation Bible School to the above named child in the event of an accident, injury, sickness, etc. for the dates of June 17 - 20, 2024.

I assume the responsibility for payment of such treatment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Parent Signature) (Date)

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release:**  St. Matthew’s Lutheran Church/VBS has my permission to use my child’s photograph publicly in VBS materials. I give permission for my child’s photo to be shared on St. Matthew’s Facebook page.

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_