



# St Paul Lutheran Church

545 S. Ardmore Ave. Villa Park, IL 60181

## Vacation Bible School

**June 10-13, 2019 5:00pm—7:30 pm**

*Ages: Preschool (age 3) through completed 5th grade*

\$20 or \$50 max per family (Scholarships are available!)

Dinner is served every night!

**Family Name:** \_\_\_\_\_

**Address: (including city)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Home Church (if not St Paul):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Please make sure the emergency contact is available between 5:00pm and 7:30 pm*

Child's Name	Birthday	Age	Grade (just completed)	Special Needs/ Medical Conditions/Allergies

*Continued on reverse side →*

For office use only:

\_\_\_\_\_ Paid

**Or register online at [tmab.cokesburyvbs.com/stpaulvp2019](http://tmab.cokesburyvbs.com/stpaulvp2019)**

**St Paul Lutheran Church  
Child Permission Form**

I give permission for my son/daughter, to participate in Vacation Bible School, under the supervision of the Director of Youth Ministry and other designated adult leaders.

I understand that my son/daughter is to be on their best behavior, and that I will be contacted to pick up my son/daughter, should their behavior and actions render that necessary.

I also understand that there are risks associated with some activities, and I accept responsibility for any injury that occurs to my son/daughter during their participation in these activities. I agree to assume liability for any accident or injury that may occur as a result of my son's/daughter's participation in this event and/or transportation involved with this event.

I give my permission for the adult leaders to take any medical actions necessary in the event that my child requires medical attention.

Please initial next to one or more of the following statements:

\_\_\_\_\_ St Paul Lutheran Church has my consent to use my child's photo on publications including but not limited to the church webpage, church newsletters.

\_\_\_\_\_ St. Paul staff has my permission to post my child's photo on Facebook.

\_\_\_\_\_ St Paul Lutheran Church may NOT use my child's photo in any church publications.

\_\_\_\_\_ I understand that at any time, I may amend my consent to any of the above statements by resubmitting this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_