



ST. JOHN'S
United Church of Christ

Vacation Bible School

Sun.-Wed., July 20-23
6-8:30 pm

Registration Form

Child's Name: _____ Gender: _____

Age: _____ Date of Birth: _____ Last Grade Completed: _____

Parent(s) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Home Church: _____



Allergies, medical conditions, ADHD or special needs:

Emergency Contact: _____

Phone Number: _____ Relationship to Child: _____

By registering my child for this event I give my consent for my child to participate in all activities associated with St. John's VBS 2025. In good faith, I agree not to hold St. John's UCC or any representatives responsible for any injuries, incidences or medical expenses associated with their participation in this event. I (We) understand that staff, volunteers and leaders will make every attempt too contact me as soon as possible if an emergency arises. If I (we) cannot be reached I give St. John's staff, volunteers and leaders authorization to take my child to a doctor or hospital at my own expense. I understand that my child may be videotaped or photographed as part of this event and this media may be used in promotional materials for St. John's UCC in print and on the web.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____