

ST. JOHN'S LUTHERAN CHURCH
VACATION BIBLE SCHOOL REGISTRATION FORM - 2021

Age 3 - Entering Grade 5 * July 19 - July 23; 9:00 am - 12:00 pm * \$60 per child

Parent's Name: _____
Address: _____ Zip Code: _____
Home Telephone #: _____ Cell #: _____ Work #: _____
Email address: _____

Children Attending:

Name: _____ Birth date: _____ Gr. Entering: _____
Name: _____ Birth date: _____ Gr. Entering: _____
Name: _____ Birth date: _____ Gr. Entering: _____

Known allergies or other medical concerns: _____

My son/daughter has permission to engage in all activities of St. John's Lutheran Church, except as noted in writing by myself. In the event I cannot be reached in an emergency, I hereby give the staff and/or volunteers permission to secure medical treatment for my son/daughter and make emergency decisions on my behalf. I will assume all costs for medical care received by my son/daughter. I voluntarily waive any claim against St. John's Lutheran Church, staff, or volunteers for any mishap or lost articles, or any and in all causes that may arise in connection with activities affiliated with St. John's Lutheran Church, and consent to use the use of photographs or video of my son/daughter in church presentations, publications, social media, or website. The above shall be in effect for activities both at, and apart from, the facilities of St. John's Lutheran Church. This form may be photocopied for use in activities apart from St. John's Lutheran Church and said photocopies shall be considered valid authorization for the issues stated above. In case of emergency,

Contact: _____ Relationship: _____ Telephone #: _____
Child's Physician: _____ Telephone #: _____

Signature of Legal Parent/Guardian

Date

Please staple a photocopy of your health insurance card. Thank you.

Please return the registration form by July 11th:

Please make checks payable to: St. John's Lutheran Church (and mail to):
884 Newfield Avenue
Stamford, CT 06905

Please call 322-0066 with any comments or concerns. For any additional information concerning your child, please use a separate page.

Please volunteer! Turn page over for information.

www.stjohnelca.org

VBS DATES: JULY 19 - JULY 23

TIME: 9 AM - 12 NOON

Name: _____

Phone: _____

Email: _____

Yes, I would like to help with VBS in the areas I've marked below and remember - you don't have to have a child in VBS to help. We can't teach our children about Jesus without you!

I can help DURING VBS by serving as: (please be sure to circle which day(s) you can help)**

_____ Teacher M T W Th F

_____ Teacher's Helper M T W Th F

_____ Age 3 Preschool

_____ Age 4 Preschool

_____ Kindergarten

_____ Grades 1 or 2

_____ Grades 3 or 4 or 5

(We provide free childcare for those helping.)

_____ Youth Helper (Entering grades 6 and up) M T W Th F

_____ Craft/Activity Center Helper M T W Th F

_____ Nursery Helper M T W Th F

_____ Music Helper M T W Th F

_____ Snack Helper M T W Th F

_____ Recreation/Games Helper M T W Th F

_____ Where I'm needed . . . M T W Th F

_____ Picnic Helper on **Friday** (10:30 until 12:00)

_____ Setup

_____ Cleanup

_____ Where I'm needed

** Registration fee is discounted 50% for parents who volunteer all 5 days.

THANK YOU for your willingness to help! Please place this in the offering plate or return it to the church office with your registration form. If you have any questions, please call Cheryl Milukas (656-0269).