



Vacation Bible School Registration Form

Tuesday 14th - Friday 17th July, 2009 9:00AM - Noon



Families are encouraged to return on Sunday July 19th at 10:30AM for our VBS child friendly worship service. In church, families will have a wonderful opportunity to see the children perform songs learned during the week, and enjoy a snapshot of the week with our photo slideshow presentation. After church, we end Camp E.D.G.E. with our Grand Finale Carnival including barbecue and jump houses. Don't miss the fun!

*Pre-registration is required. Registration is limited with places awarded in the order registrations are received, so please submit this form early to avoid disappointment. Registration closes on July 1st, 2009 or earlier if all available places have been filled.
Children ages 3 (fully toilet trained) through 6th Grade welcome to participate.*

STUDENT INFORMATION (Individual registration form required for each child)				
Student Name:		Age:		Female/ Male: F M
Date of Birth:	/ /	Grade Completed:		
Mailing Address:				
City:	State and Zip:			
Home Phone:	Mother's Cell Phone:			
Email Address:	Father's Cell Phone:			
Does Child Attend church?	NO / YES - Please tell us where:			

Children will be provided with a t-shirt to wear during VBS week. Please select the size your child will need here. As the children need to wear the t-shirt each day, you have the option to purchase a second t-shirt for \$6 (child sizes), \$7 (adult sizes), \$8 (XXL). If you select this option, you must include a check with this registration. Please make checks payable to Saint Matthews Episcopal Church and mark the memo line "VBS T-shirt"												
Youth Sizes:	XS	S	M	L	Adult Sizes:	S	M	L	XL	XXL	Extra T-shirt (enc. check):	YES / NO

MEDICAL AND EMERGENCY CONTACT INFORMATION			
Mother's Name:		Daytime Phone:	
Father's Name:		Daytime Phone:	
Does your child have any food or other allergies? Any other Medical Information?	NO / YES - please give details:	Does your child have any special needs requiring more individual attention?	NO / YES - please give details:
Physicians Name:		Physicians Phone:	

EMERGENCY MEDICAL AUTHORISATION	
The VBS Staff at Saint Matthews Episcopal Church have my permission, in an emergency when I (or my physician) cannot be contacted, to seek emergency medical care at the nearest emergency room. The hospital and its medical staff have my authorization to provide any treatment, which a physician deems necessary for the well being of my child.	
Signature:	Date: / /

We will issue cards to be shown when collecting your child. Please list all adults (other than parents listed above) authorized to pick up your child.		
Name:	Daytime Phone:	
Name:	Daytime Phone:	

PHOTOGRAPH/VIDEO PERMISSION	
By signing here; I give permission for any photographs, video or other images taken of my child participating in VBS to be used by Saint Matthews for publicity purposes including use on our website, in our publications, in diocesan publications or for the local news:	Signature of Parent/Guardian:

We still need Camp E.D.G.E. volunteers.... can you help? Please check below and we will contact you.			
Monetary Donation (please enclose)		With sports and games	Donation of supplies/food (please specify below)
As a class assistant		Providing Childcare for Volunteers	
With crafts		With Music	Other (Please specify below)
Setup of VBS on 7/12 from Noon		Registration Desks during VBS	
Cleanup of VBS		Painting/Creating Scenery prior to VBS	
Is there a teenager in your home who would be willing to help? If so, please list his/her name and present grade in school:			
Name:		Grade:	