



VBS REGISTRATION—June 8-June 12

Please complete and return to the church office no later than June 1st, 2009

(FOR CHILDREN AGE 3 BY 9/01/08 THROUGH 5th GRADE)

Child's Name _____ **Birth Date** _____ **Age** _____

Grade Level Just Completed (Will determine class placement) _____

Church Affiliation _____

Street Address _____ **E-mail Address** _____

City _____ **State** _____

REGISTRATION FEES*: **\$10.00 PER CHILD**
 \$25.00 PER FAMILY OF 3 OR MORE CHILDREN

*Fee helps cover supplies, crafts and a light snack. If needed, scholarships are available by calling the church office.

VACATION BIBLE SCHOOL PARTICIPATION

___ My child will participate in Vacation Bible School Monday, June 8 – Friday, June 12

___ My child will participate in VBS Sunday Celebration, June 14, 10:00 a.m.

PLEASE COMPLETE THESE FORMS RETURN, WITH THE REGISTRATION FEE, TO THE CHURCH OFFICE BY JUNE 1ST. Please make all checks payable to St. John's Westminster Union Church.

You can contact us at: **St. John's Westminster Union Church**
 1085 Neeb Road
 Cincinnati, Ohio 45233
 Phone: 347-4613
 Website: www.sjwuc.org

BOTH SIDES OF THE EMERGENCY MEDICAL FORM MUST ALSO BE COMPLETED!

Vacation Bible School – June 2009
Permission and Medical Treatment Form
St. John's Westminster Union Church

PLEASE PRINT

Child's Full Name _____ Date of Birth _____

EMERGENCY INFORMATION

Parent's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Alternative Adult to Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name of Personal Physician _____

Phone Number of Personal Physician _____

Health Insurance Company _____

Name of Policy Holder _____ Policy Number _____

Is your child currently taking medication? _____ No _____ Yes

If yes, please list medications _____

Please list medications, foods or situations (i.e. bee stings) that may cause allergic reactions. Please list medications they may need (i.e. Benedryl) and the dosage. If this applies to your child you must also complete and the Consent & Release to give medication portion on the back of this sheet.

Does your child have any other special conditions that our VBS Staff needs to be aware of?
_____ No _____ Yes If so, please explain:

(Please complete the back.)

Consent and Release

Should injury or other reason require immediate medical treatment with respect to _____ during any/all events. I hereby consent to such medical treatment as presented by a qualified physician. I also hereby release, acquit and discharge St. John's Westminster Union Church, its staff and volunteers, from any and all injuries and liabilities from whatever cause, which arise out of or are a consequence of any/all events that involve my child.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____

Consent and Release to give medication

Required if you have listed medications your child may need while attending VBS.

YOU must provide the medication with the proper dosage/prescription information from the doctor.

My child _____ needs (dosage) _____
of (medication) _____ in case he/she (situation: is stung by a bee, has
an asthma attack etc.) _____. I hereby
give my permission for St. John's Westminster Union church staff/volunteers to
administer this medication.

Parent/Legal
Gaurdian _____ Date _____