

Vacation Bible School
Journey to the Holy Land
July 18-22, 2011



Name _____

Age _____

DOB/Last grade completed _____

Home phone & cell phone _____

Address _____

Allergies/Medical conditions? _____

Medications to be administered during VBS? _____

Primary Caregiver's name/phone _____

Emergency Contact _____

Emergency Contact Phone _____

AfterCare needed? Yes or No (circle one) 12 - 5 p.m. **You must reserve!**

- Cost is \$10 per day. Make checks payable to: St. James After School Program, please mail to 3750 E. Douglas, Wichita KS 67208
- Please circle days needed for After Care (please bring sack lunch for your child!)

Mon. Tues. Wed. Thurs. Fri.

Nursery needed for Siblings? Yes or No (circle one)

Name and Age _____

Name and Age _____

Name and Age _____

T-Shirt Size (circle one): child XS S M L adult S M L XL

or: no thank you (adult T only)

Release and Waiver of Liability

I, _____, hereby authorize and give permission for my child, _____, to fully participate in the St. James Vacation Bible School program, July 18 - 22, 2011, and After-VBS Care.

Specifically and not by way of limitation, I agree that my child can participate in any and all St. James VBS activities, including games, activities, petting zoo and animal rides at the Friday Carnival.

I hereby hold harmless St. James, the Episcopal Church, the St. James staff, clergy or employees, After School Employees and all VBS volunteers for any injury, illness, accident, or incident that arises during Vacation Bible School.

Print name: _____

Sign and date: _____

Emergency Contact Information: name and phone numbers

Persons Authorized to pick up my child (name, phone, relationship to child):

Allergies or special Concerns:

Permission to administer medications (please list all including Tylenol etc)

Sign and date (if needed for medication administration for your child)

Medical Power of Attorney

I, _____, do hereby authorize Jennifer Erickson, Caryn Johnson, Julie Ariagno, Erin Compton and/or Selena Doman to obtain and provide consent for any and all medical treatment which, in their sole opinion (any or all of them) is necessary for the best interest of my child, _____, during the week of St. James Vacation Bible School, July 18 - 22, 2011.

Primary Care Physician:

Insurance Provider:

Preferred Hospital:

Allergies:

Medications taken:

In the event my child requires medical treatment of any nature, I authorize and allow that the above may sign for and obtain said treatments in their sole discretion as if I were fully present and authorizing such treatment myself.

Print name: _____

Telephone number (s): _____

Sign and date: _____

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