



St. Patrick's Episcopal Church Vacation Bible School 2017

When: July 17th-21st, 9:00 am to 12:30 pm; Registration/check-in starts at 8:45am

Cost: \$25.00 for registration before July 1st or \$30.00 for late registration (after July 1st)

Who: Children from age 4* to Grade 5 (Volunteer leadership opportunities for Grades 6 and up)

*Three year olds are limited to those with siblings in the program or a parent volunteering on site.

SIGN UP EARLY!! – Only 90 spots available!!

Theme: Hero Central: Discover Your Strength in God!

At St. Patrick's *Hero Central*, campers will discover their own strength in God by encountering Biblical stories of heroes, explore God's mission for their lives through science, games, snacks, music, and crafts, and realize qualities that make them truly heroes in God!

Parents, Please Note:

Pizza Party: All families are invited to the Family Pizza Party on Friday, July 21st, from 6:00pm-7:30pm to celebrate the week with your children, get a tour of the Hero Central Training grounds, see some of their projects, and meet the teachers.

Sunday Presentation: On Sunday, July 23rd there will be a special presentation of VBS music by the children at the 9:30 service. Don't forget to wear your T-shirts!

Safety Reminders: Please apply sunscreen to your child's exposed skin before Bible School and have him/ her wear sneakers as we will be playing games outside when weather permits. Drop-off and Pick-up will be in your child's classroom.

Pick-Up Procedure: Each family sets its own password to be used by the adult picking up the child from the classroom each day. Please provide a password for your family on this registration form that only the child's teacher and the director of VBS will see.

Please fill out the registration forms on the second and third pages for each child and send in with your check made out to St. Patrick's Episcopal Church. Additional forms can be downloaded from the church's website.



St. Patrick's Episcopal Church
A Joyful Community of Faith
7121 Muirfield Drive, Dublin, OH 43017
www.st.pats-dublin.org 614-766-266

**St. Patrick's Episcopal Church
Vacation Bible School 2017
Registration Form**

Submit to:
St Patrick's Episcopal Church
7121 Muirfield Drive
Dublin, Ohio 43017

Child's Name: _____ Gender: ___ Age: _____ Grade in Fall 2017: _____

Child's Tee-Shirt Size: (please specify youth or adult) _____

Contact Information:

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/ Guardian: _____ Phone: _____

E-Mail Address: _____ Alt. Phone: _____

Second Parent/ Guardian: _____ Phone: _____

E-Mail Address: _____ Alt. Phone: _____

In Case of Emergency, notify: _____

Provide your family's Pick-Up Password: _____

(This will only be seen by your child's teacher and the Registrar of VBS, and only those who know the password will be able to pick up your child.)

- Please check if you would like a scholarship for your child
- Please check if you would like to donate an additional \$20 for supplies
- Please check if you would like more information about St. Patrick's Episcopal Church

Medical Information: Continued on back of page.

Allergies: This child has no known allergies OR This child has the following allergies:

Food Medicine Environmental (insect stings, hay fever, etc) Other _____

Please describe allergy and reaction: _____

Will your child be bringing an epi-pen to VBS? _____ *Additional form may be required.*

This camper does not eat: Nuts Meat Dairy Seafood Eggs Gluten Other

Please give additional information for our snack team. _____

Should this camper have any restrictions placed upon his/ her activity, or are there any special considerations for his/ her mobility? _____

Emergency Transportation Authorization:

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In event I cannot be reached, I hereby <i>give permission</i> to secure emergency transportation for my child to the facility determined by the first responders.	OR Do not sign both	I <i>do not give permission</i> for St. Patrick's to transport my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's signature _____ Date: _____		Parent's signature _____ Date: _____

* Continue on next page *

Child's Name: _____

** All camper forms are confidential and held only by the VBS nurse and Registrar.**

Camper Health History:

General Health History: Please check "Yes" or "No" for each statement. Explain "Yes" answers.

Has/ does the camper:

1. Have recurrent/ chronic illnesses? Yes No

2. Had a recent injury or illness that may interfere with activities? Yes No

3. Had asthma/ wheezing/shortness of breath? Yes No

4. Have diabetes? Yes No

5. Had seizures? Yes No

6. Passed out/had chest pain during exercise? Yes No

7. Up to date with immunizations? Yes No Date of last tetanus shot. _____

8. Are there any medications that need to be administered during VBS hours? If so, please provide a prescription. Yes No

Is there anything else you want the VBS team to know about your child so we can give them the best VBS experience?

Mental, Emotional, and Social Health:

Please explain, in the space below, any mental, emotional, and social health concerns that may impact your child's participation.

St. Patrick's VBS nurse practitioner may contact you for additional information that may help your camper enjoy success at VBS.

Photography Release: I give permission and consent to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by St. Patrick's Episcopal Church to illustrate and promote the camp experience.

Parent/ Guardian Signature

Date