



2024 Vacation Bible School & J.O.Y. Camp

**June 10-14 -- First Presbyterian Church
ages 4 through 6th grade**

Registration Fee:

Vacation Bible School: \$15 by May 1; \$20 after May 1

J.O.Y. Camp: \$20 by May 1; \$25 after May 1

Scholarships are available

Questions? Contact Danna Larson dllsitka@gmail.com

I am attending:

___ **9:30 am - 12:00 noon: Vacation Bible School**

___ **12:00 noon – 4:00 pm: J.O.Y. Camp (Mon-Thurs)**

Child's Name _____

Age of Participant

Date of birth _____ Age _____

School grade Fall, 2024 (next Fall) _____

Home Church _____

In Case of Emergency

1. Name _____ relationship to child _____

Cell Phone _____ Home or Work _____

2. Name _____ relationship to child _____

Cell Phone _____ Home or Work _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS:

Any medications your child will have while attending this event? If so, please list names and instructions:

Any other information we should know to enhance your child's experience and ensure his/her safety?

Signature of Parent/Guardian

Date

PLEASE COMPLETE OTHER SIDE OF FORM

CHILDREN AND YOUTH STUDENT PERMISSION FORM

student info:

FULL NAME _____ GRADE (Fall 2024) _____

ADDRESS: _____ ZIP _____

BIRTH DATE: _____ SCHOOL: _____ BAPTIZED: Yes No

STUDENT CONTACT INFO: CELL: _____ E-MAIL: _____

ALLERGIES/RELEVANT INFORMATION/MEDICATIONS: _____

MEDICAL INSURANCE COMPANY: _____ POLICY /GROUP #: _____

*please attach a copy of your insurance card (front and back) to this form

parent/guardian info:

PARENT/GUARDIAN NAME: _____

ADDRESS _____

PREFERRED PHONE _____ E-MAIL: _____

SECOND PARENT/GUARDIAN NAME: _____

ADDRESS _____

PREFERRED PHONE _____ E-MAIL: _____

OTHERS WHO MAY PICK UP MY CHILD: _____

THOSE RESTRICTED FROM SEEING MY CHILD: _____

In case of emergency and parent/guardian(s) cannot be reached, contact these individuals:

NAME _____ relationship _____ phone: _____

NAME _____ relationship _____ phone _____

Authorization: I, the undersigned parent/guardian of _____ hereby authorize our child to participate in First Presbyterian Church's ministry events during the period of March 1, 2024 to Oct. 1, 2025. It is understood that designated First Presbyterian Church staff and volunteers will be in attendance to provide the best reasonable supervision to ensure the health, welfare, and comfort of all those in attendance. I hereby release First Presbyterian Church from any and all liability for any incident beyond the control of staff and volunteers using their due diligence and best judgment. **Emergency**

Care Authorization: I hereby authorize emergency medical, dental, health, or hospitalized services to be rendered to my child upon consent of a First Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child/ward to receive emergency medical attention when needed while involved in activities connected with First Presbyterian Church ministries while we (I) or my emergency contact are unavailable to give such consent. **Photo/Video**

Consent: I hereby authorize and give full consent to First Presbyterian Church to use any photographs and/or videos taken of my child for any First Presbyterian Church activity including the church website, calendars, newsletters, on-line broadcasts and other church related images. I understand that my child's name will not be included as text with the images but the name may be spoken during an on-line broadcast. I understand that I need to inform the Director of Faith Formation (Danna Larson) if I no longer wish to give consent.

Parent/Guardian Signature: _____ Date _____