

Winter VBS
Presented by
St. James Evangelical Lutheran Church
Located on the corner of West Market Street and North Adams Street
Phone 854-7198
Registration Form

Child's Name _____ Age _____ Grade completed in school _____

Parent's name (for children) _____

Address _____
Street _____ City _____ Zip Code _____

Telephone # _____ Cell # _____

Adult's name (if other than parent) _____

Name & Phone # of person to contact in case of an emergency:

Authorization of parent/Guardian: The above named child has my permission to participate in Vacation Bible School at St. James Evangelical Lutheran Church, West Market at North Adams Street, York, PA: to be held on **December 1, 2018 from 11:00 AM to 2:00 PM.**

I absolve St. James Lutheran Evangelical Church and its staff from all legal responsibility in the event that my child is injured accidentally while on the church property for the Vacation Bible School program. In the event that my child needs immediate help, I give my permission to St. James Lutheran Evangelical Church to see that it is provided if I am unable to be reached. I prefer the church to contact ___ York Hospital or ___ Memorial Hospital in case emergency care is needed. My child's/children's doctor is _____.

I am insured with _____.

Signature of Parent or Guardian

Please list any known medical condition or food allergy _____
For further details please call the church's office 717-854-7198 or www.stjamesyork.org. Please return this form as soon as possible so that we may have materials ready for your child. If you have a **friend** they may also register by phone or online, but the form will need to be signed the first night they attend. Thank you for your cooperation.