

# Vacation Bible School Registration Form

June 26, 2021 10AM-12PM

Cost is Free; Free-Will Donation Encouraged (Benefits Faith and Grace Garden)

This year we are having a 1-day, family-oriented VBS. Please list all names of the children and adults who will be attending VBS. Lunch will be a brown-bagged lunch provided by St. Timothy's.

Names and Ages of Attendees: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

\*\*Please bring a plain t-shirt for each member of the family who wants to paint on it (paint will be provided).

\*\*We will have a date in the fall to harvest the pumpkins as a 2<sup>nd</sup> VBS gathering. Please be watching your email for this date.

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## Medical/Dental/Photo Consent

I, \_\_\_\_\_ (Mother/Father/Guardian/Myself) of \_\_\_\_\_ (Family names) do hereby give my permission and consent to the personnel of St. Timothy's Church, 1020 24<sup>th</sup> St, West Des Moines, Iowa, to secure and authorize such emergency medical/dental care and/or treatment as my child, above named, might require while under the supervision of said church personnel. I also agree to pay all costs and fees contingent on any emergency medical/dental care and/or treatment for my child as secured or authorized under this consent. Unless checked here , I authorize photos of my child to be used by St. Andrews Church, St. Paul's Cathedral or St. Timothy's Church in promotional materials, on their websites or on Facebook.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies, medications and other medical information pertinent to emergency care

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