

**St. Paul Lutheran, First United Methodist, and First Presbyterian  
Churches of Yorktown, Texas**

**Vacation Bible School Registration Form**

Monday, JULY 11<sup>th</sup> – Friday, JULY 15<sup>th</sup>

9:00 am – 11:30 am (3yrs-kinder)

9-12 pm (kinder-5<sup>th</sup> grade)

Ages 2(w/parent/guardian)-5<sup>th</sup> grade



**Child's Name** (*One Form Per Child*): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade completed** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Persons who can pick my child up from VBS:

\_\_\_\_\_  
\_\_\_\_\_



**Shirt Size:** \_\_\_\_\_

**EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION**

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached.*

In the event reasonable attempts to contact me at (phone #) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician)

Dr. \_\_\_\_\_ at phone # \_\_\_\_\_ or (Dentist) Dr. \_\_\_\_\_ at phone# \_\_\_\_\_,

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) \_\_\_\_\_ or any other hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

Yes I give my permission for my child to be photographed for the sole purpose of church use, crafts, and newspaper articles.

No I do not want my child photographed. I understand there will not be a completed craft due to my decision.

Parent/Guardian Signature: \_\_\_\_\_



\*Please return registration form to the church office or mail to Tina Boehm at 74 Heinzeville Rd. Yorktown TX 78164.  
Please call Tina 361-491-1625 if have any questions or would like to volunteer!  
You may also email to tinaboehm@sbcglobal.net