



**Vacation Bible School at St. Mary's Episcopal Church**  
**July 14-18, 9:00am-12:00pm**  
*for children age 3 through rising 5<sup>th</sup> graders*

Dear Parents,

We are so excited to offer five days of fun-filled activities during Vacation Bible School this year and hope you will sign up to have your children ages 3 through rising (in the fall) 5th graders participate! The theme this year is "Wilderness Escape" where children learn how God guides and provides by following Moses and the Israelites from Egypt to the Promised Land. "Wilderness Escape" is filled with team-building games, Bible-learning experiences, music, outdoor recreation and more! *Please know that this is not limited to children of St. Mary's parishioners - all children are welcome to join us!* The requested donation for all five days is \$35 per child. Please return this form as soon as possible with your donation **payable to St. Mary's Episcopal Church**. If you have any questions about participation or if you can help us as a volunteer during these five days, please contact our Minister to Children and Youth, Kristopher Adams ([kadams@stmarysgoochland.org](mailto:kadams@stmarysgoochland.org) or 804-784-5678).

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Name(s) of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

E-mail Address \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Child(ren) participating in VBS:

	Name	Birth Date	Grade Entering in Fall
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Are there any problems with **allergies or medical conditions** that would affect participation in any VBS activity for your child(ren)?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain (especially food allergies):

\_\_\_\_\_

Please list an **emergency contact** if you are unable to be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list your **Family Physician** in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does St. Mary's have your permission to seek medical treatment for your child(ren), if necessary, should you or your emergency contact be unreachable?

No \_\_\_\_\_ Yes \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Adult & Youth Volunteers

Vacation Bible School cannot happen without your help! Please sign up for days for which you are available and for activities in which you are interested. Thank you!!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age (if under 18): \_\_\_\_\_

Which days would you be available to help?

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Would you be interested in **leading** or **helping** any of the following activities?

Recreation:      Leading \_\_\_\_\_      Helping \_\_\_\_\_

Crafts:      Leading \_\_\_\_\_      Helping \_\_\_\_\_

Snacks:      Leading \_\_\_\_\_      Helping \_\_\_\_\_

Decorating:      Leading \_\_\_\_\_      Helping \_\_\_\_\_