



**St. Paul's Episcopal Church
Vacation Bible School 2017
June 12th-15th
Drop off Camp: 9am-12pm
Cost \$15 per child/\$40 per family Max**

Please complete a separate form for each child. General family information for 2 or more children per household does not need to be re-written unless it is different for each child. Staple family forms together.

Child's Name: _____ Birth Date _____

Age or Grade completed as of June 2017 _____

Parent or Guardian _____ Email Address: _____

Address _____ Town _____ Zip _____

Home Phone _____ Cell Phone _____

_____ You have my permission to include photos of my child on the St. Paul's Facebook page (initial for "Yes" or write "No")

_____ T-Shirt Size Youth XS, S, M, L or Adult S, M, L, XL

Emergency Medical Information

Person (other than listed above) to contact in case of medical emergency if first person is unavailable

Name _____ Relationship to Child _____

Phone # _____ Alternate phone # _____

Family Physician _____ Phone # _____

Insurance Company _____ Policy # _____

Known Allergies/Medical Conditions/Restrictions/Medications _____

I authorize the representatives of St. Paul's Newnan to act on my behalf for the purpose of obtaining emergency medical treatment for my child, _____, in the event that I am not reachable by phone.

Signed _____ Date _____

Mail check payable to St. Paul's Newnan (VBS in the memo line please) by June 2nd. St. Paul's, 576 Roscoe Road, Newnan, GA 30263 Payment Attached check #: _____