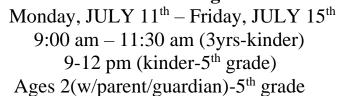
St. Paul Lutheran, First United Methodist, and First Presbyterian Churches of Yorktown, Texas

Vacation Bible School Registration Form



Child's Name (One Form Date of Birth:	• •		Grade completed
Address:			
City:	State:	Zip:	Phone #:
Secondary Phone #:		Email Address:	
Persons who can pick my			
Shirt Size:			
EMERG	SENCY INFORMATI	ION AND MED	DICAL AUTHORIZATION
Emergency Contact Na	me:		Phone #:
			norize the provision of emergency treatment for s or guardians cannot be reached.
In the event reasonable attemp	ots to contact me at (phone	#)	have been unsuccessful, I hereb
give my consent for: (1) The a	administration of any medic	al treatment deeme	d necessary by (physician)
=			at phone#,
			ner licensed physician or dentist; and (2) the transfer her hospital reasonably accessible.
		•	being taken and any physical impairments to which a
Yes I give my permissio	on for my child to be photog	graphed for the sole	purpose of church use, crafts, and newspaper articles
No I do not want my ch	ild photographed. I underst	tand there will not b	be a completed craft due to my decision.
Parent/Guardian Signature:			·
• • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	•••••
*Planca raturn ragistrati	on form to the church office	e or mail to Tina Ro	John at 74 Hainzavilla Rd. Vorktovyn TV 78164

*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