



2017 Vacation Bible School at St. James's Episcopal Church

June 19 – June 23 9:00 a.m. – 12:00 p.m.

For children age 3 through rising 3rd graders

Dear Parents,

We are excited to offer a week filled with fun activities during Vacation Bible School. The theme this year is Camp Out. The children will have an adventure as they learn team building games, Bible stories, catchy VBS songs, and more! The registration fee is \$35 per child with a maximum of \$75 per family. Scholarships are available by contacting Becky Page. Please return this form as soon as possible so we can begin planning. Registration deadline is April 30th. Checks are payable to St. James's Episcopal Church and can be mailed to 1205 West Franklin St, Richmond, VA 23220.

If you have any questions about VBS or need more information about volunteering contact Becky Page, Director of Children's Ministries, at bpage@doers.org or 355-1779 x314.

Parent's Name(s): _____

Address: _____

E-Mail: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

PARTICIPANTS

St. James's VBS is for children age 3 (**must be potty-trained**) to rising 3rd graders.

T-Shirt: Please choose 3T, 4T, 5T Youth Small (6-8) or Youth medium (8-10)

Child's Name	Birthdate	Grade (Fall '17)	T-shirt size
_____	_____	_____	_____
_____	_____	_____	_____

Are there any **allergies or medical conditions** that would affect participation in any VBS activity for your child(ren)? Yes _____ No _____

If yes, please explain (especially food allergies):

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

Name: _____ Phone: _____ Relationship: _____

Does St. James's have your permission to seek medical treatment for your child(ren), if necessary, should you or your emergency contact be unreachable? Yes _____ No _____

Parent Signature: _____ Date: _____

By initialing here I give permission for St. James's to use images of my child(ren) _____

Adult Volunteers

Vacation Bible School cannot happen without your help! For VBS to be a safe and fun week for all we kindly ask for to volunteer at least 3 hours for each child registered.

Name: _____ Phone: _____ E-mail: _____

Which days would you be available to help?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

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

Games: Leading: _____ Helping: _____

Crafts: Leading: _____ Helping: _____

Snacks: Leading: _____ Helping: _____

Decorating: Leading: _____ Helping: _____ (week/weekend prior to VBS)

Clean-up: Leading: _____ Helping: _____ (Last day of VBS)

Help as needed on day(s) indicated: _____

Will you have younger children (under age 3) who will need nursery care while you are volunteering at VBS? _____

Name of child: _____ Age: _____

