

Permission Slip For Emergency Medical Treatment

I give my permission for the volunteers of St. Margaret's Episcopal Church Vacation Bible School to obtain emergency medical treatment for my child.

Child's Name _____

Parent's Name (print) _____

Parent's Signature _____

In the event of an emergency, if you are unable to reach me, please contact:

Name _____

Phone _____

Doctor _____

Phone _____



Yes, I give permission____No, I deny permission____
for photos of my child to be used on St. Margaret's website.

St. Margaret's Episcopal Church
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425 746-6650 www.saintmargarets.org
Email: slindberg@saintmargarets.org

St. Margaret's Episcopal Church

Invites You To Join Us
For Our



Vacation Bible School

July 17 - 21, 2023

***All children must be fully vaccinated.
Proof of vaccination is required to register.
Masks may need to be worn inside.***

Preschool - K's 9:00 to 11:55 a.m.

\$55.00 (if paid in full by May 14)

\$65.00 (in full if paid by June 4)

\$75.00 (if paid in full by June 25)

1st - 6th Grades 9:00 to 2:30 p.m.

with 2 afternoon electives

\$70.00 (if paid in full by May 14)

\$80.00 (if paid in full by June 4)

\$90.00 (if paid in full by June 25)

Multiple sibling discount - for the 2nd child (or 3rd, 4th) deduct \$5.00

Registration Deadline June 17th

No refunds after June 17th

Bring your sack lunch each day, lunch 12:00 to 12:30.

Afternoon Elective Choices

Balloon Badminton

Creative Arts

Creative Cooking

Fun with Science

Fun with Yarn (knit, crochet, weave)

Indoor Games (ping pong, board games, etc)

Knight's Tales (theatre)

Mosaics

Soccer (indoor with nerf soccer ball)

**Afternoon Electives will be from
12:30 to 1:25, and 1:30 to 2:30.**

Elective Choices

*Every effort will be made to assign your first
two choices, but please list four alternates.*

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

_____**I understand that due to Covid,**
Initial here **regulations and/or restrictions may change.**

Child's Name _____ M____ F____

Address _____

City/State/Zip _____

Tshirt size: Youth (xs,s,m,l,xl)_____ Adult (s,m,l)_____

Grade in Fall '23 _____ Birthdate (mo/day/year)_____

Home Phone Number _____

Mother's Name _____

Best number to reach you during VBS _____

Father's Name _____

Best number to reach you during VBS _____

Adults authorized to pick up child: 1. _____

2. _____ 3. _____

Email address (necessary) _____

print legibly – all news and updates are via email !

Home Church _____
(if any, print full name of church please)

Pastor's name (print please) _____

Church Phone/contact information _____

Health Problems/allergies/special needs to be
aware of _____

How did you hear about our VBS? Website _____ Street signs _____
Friend _____ Radio _____ Return Attendee _____