

# 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.

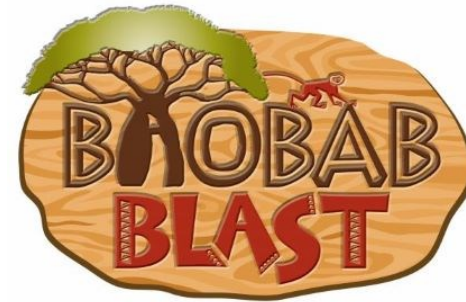
St. Margaret's Episcopal Church  
4228 Factoria Blvd SE, Bellevue 98006

425 746-6650 [www.saintmargarets.org](http://www.saintmargarets.org)  
Email: [slindberg@saintmargarets.org](mailto:slindberg@saintmargarets.org)



## St. Margaret's Episcopal Church

Invites You To Join Us  
For Our



## Vacation Bible School

**July 8 – 12, 2024**

***All children must be up to date with Covid vaccinations.  
Proof of vaccination is required to register.***

**1<sup>st</sup> - 6<sup>th</sup> 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 17)

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)

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 '24\_\_\_\_\_ 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 \_\_\_\_\_