

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/children/vbs.asp

St. Margaret's Episcopal Church

Invites You To Join Us
For Our



Vacation Bible School

July 20 - 24, 2020

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

\$55.00 (if paid in full by May 1)

\$65.00 (in full if paid by May 22)

\$75.00 (if paid in full by June 19)

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

with 2 afternoon electives

\$75.00 (if paid in full by May 1)

\$85.00 (if paid in full by May 22)

\$95.00 (if paid in full by June 19)

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

Registration Deadline June 19th

No refunds after June 19th

4228 Factoria Blvd SE, Bellevue 98006
425 746-6650x316 Sonja Lindberg slindberg@saintmargarets.org

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)

Glorious Cupcakes (do not select if you have allergies)

Indoor Games (ping pong, board games, etc)

Mosaics

Race Car Derby

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. _____ |

Child's Name _____ M ____ F ____

Address _____

City/State/Zip _____

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

Grade in Fall '20 _____ 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 _____