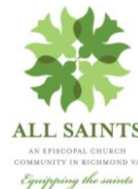




Knights of the North Castle

Vacation Bible School

July 6-10, 2020 (9 am-12 pm)



All Saints Episcopal Church

8787 River Road Richmond, VA 23229

804-288-7811

Child's Name _____ Male/Female _____ Age & Grade Entering in Fall 2020 _____
(age 3 through rising 5th graders)

Name of Parent /Guardian: _____ Relationship: _____

Address: _____

E-mail Address: _____

Primary Phone #: _____ Cellphone #: _____

Emergency Contact Information: Name _____ Relationship _____

Phone Number _____

Names of person(s) who may pick up child _____

Child's Allergies, dietary and/or medical concerns _____

Participant Donation: \$25 per child/ \$50 family maximum. Cash or check. Make checks payable to All Saints Episcopal Church, write VBS in memo. Please contact christianed@allsaintsrichmond.org if you are in need of financial assistance.

Medical Custody Release: I authorize the VBS Leadership of All Saints Episcopal Church to seek and authorize medical attention in the event my child needs medical care for Emergency or Normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot be made on first call, assistance will be authorized by the church's VBS leaders. **INITIAL HERE** _____

Photo Release: I hereby grant/do not grant (circle one) permission for All Saints Episcopal Church to use pictures of my child on their website for informational or promotional purposes. **INITIAL HERE** _____

Release of Liability: By signing this form I understand there are risks associated with all activities including VBS activities. I agree not to hold All Saints Episcopal Church or any of its VBS leadership or other agents liable for any harm that may accidentally occur through the normal course of Vacation Bible School. I understand the VBS leadership will make every reasonable attempt to provide a safe and caring environment for my child. **INITIAL HERE** _____

Parent/Guardian Signature _____

We welcome your help in making this year's VBS a success! Please indicate if you would like to volunteer:

Name: _____ Area to help (please check) Greeter (8:45-9:00) _____

Greeter (11:50-12:00) _____ Set up on Sat. (9:30-noon) _____ Crafts Assistance _____

Escort (taking the children from one activity to the next) _____ Outdoor games assistance _____

Coordinate lunch on Friday _____ Help with lunch (Friday) _____ Provide simple snacks _____

Clean up on Friday (12:15-2:00) _____

***Please fill out one form per child. Return to your ASC Sunday School teacher or the Church Office with**

payment.