

### **VBS** Registration Form

## Trinity Episcopal Church, Upperville VACATION BIBLE SCHOOL



July 15th — 19th, 2024 9:00am - 12:00n0on, Monday 15th - Thursday 18<sup>th</sup> June 4:00pm - 7:00pm - Friday 19<sup>th</sup> June

> 9108 John S Mosby Hwy Upperville, VA, 20184 540.592.3343 www.trinityupperville.org



## Trinity Episcopal Church, Upperville Vacation Bible School July 15th – 19th, 2024

#### Hi there!

We're so glad you're interested in coming along to Vacation Bible School at Trinity Episcopal Church!

#### A little about this year's program:

We are excited to introduce to you the 2024 Vacation Bible School, "Praise-A-Palooza!" The week will be filled with fun, stories, games, music, snacks, and most of all energetic ways to Praise the Lord! Students, ages 3-10, will rotate through 6 stations which include Morning Assembly, Bible Stories, Music, Crafts, Recreation and Snack, while the 11–16-year-olds will actively help with crafts and recreation, and perform skits to bring PRAISE to HIM! Please mark these dates on your calendar so your child can join in a fabulous week of learning and praising God!

#### **Age Requirement and Placement:**

This adventure is available to all children, aged 3 through 11 (Children must be potty-trained). Placement will be in small groups of similar age and grade levels as far as possible, depending on the number of volunteer leaders available.

#### **Registration Information:**

Please complete <u>one registration form per family.</u> There is no cost for this program. Please submit completed forms to:

- ⇒ Trinity Episcopal Church, by email to <a href="mailto:ben@trinityupperville.org">ben@trinityupperville.org</a>
- $\Rightarrow$  Or return completed forms to the Trinity Episcopal Church Parish Office.
- ⇒ Or mail your form to: Trinity Episcopal Church, P.O. Box 127, Upperville, VA, 20185.
- ⇒ Registration forms will be accepted on a first-come basis until classes are filled.

**Registration ends Friday July 12th.** Walk-ins during the week of VBS will only be accepted if there is still space for more children in the program.

#### **Volunteer Opportunities:**

Many volunteers are needed! If you are able to volunteer during VBS week (or part of the week), we need your help! Teens are also encouraged to volunteer to be part of a young leader's program. There are plenty of things that will need to be done in advance. Please call the Trinity Parish Office on 540.592.3343 or e-mail ben@trinityupperville.org with offers to help.



# Trinity Episcopal Church Vacation Bible School 2024 REGISTRATION FORM

### **Please Print Clearly**

Child's Name: _	Grade (during 2024-2025 school year):		
Age*:	Gender: M/F	Date of Birth:	
Child's Name: _		Grade (during 2024-2025	school year):
	Gender: M/F		
Child's Name: _		Grade (during 2024-2025 s	school year):
Age*:	Gender: M/F	Date of Birth:	
Address:		y July 01, 2024, and all children mus	
Home Phone:		Email:	
Home Church:_			
Parent(s) or Gua	rdian(s) Name(s):		
electronically ima	ged. Images may be us Church. The images ar	church activities, your child may be photograp ed in promotional materials, news releases and e the sole property of Trinity Church. If you <u>d</u>	d other online and published
a clear and currer Background Chec	nt background check he ks will be commissione	16+: ALL leaders and volunteer helpers, incleded on file by Trinity Episcopal Church in advard, paid for, and received by Trinity Episcopal and Check before being accepted as a volunteer	nce of Vacation Bible School. Church. Minors aged 16 & 17
		-old who is volunteering at VBS please read t heck to be completed on a minor:	his statement of consent and
		the parent or legal guardian of	
		(name of minor 2)	
·		erville, undertaking a full criminal background	d on these forenamed minors.
Date:			
Attention Paren	nts: Please check below	v if you can help as a volunteer. We will cont	act you with more information
I would like to vo	lunteer at VBS, please	contact me.	

MEDICAL	_ INFORMATION			
Name of Insurance				
ID Numbers				
PCP's Address & Phone Number				
Child #1 Name				
Medications Used Medical Allergies or Conditions:				
Child #2 Name  Medications Used  Medical Allergies or Conditions:				
Child #3 Name				
Medical Allergies or Conditions:				
EMERGENCY CONTACTS				
Parent/Guardian Information				
Name of Father or Guardian	Phone #			
	2nd Phone #			
Name of Mother or Guardian	Phone #			
	2nd Phone #			
The minor child/ren registered here has n Episcopal Church "Vacation Bible School, permission to adult leaders and church st understand that every effort will be mad event of such an emergency.	ny/our permission to participate in the Trinity 2024." In the event of an emergency, I give aff to seek medical attention for him or her. I e to contact the parent(s)/guardian(s) in the			
Parent Signature:				
SignedParent/Guardian	Date:			
Parent/Guardian				