



**Vacation Bible School**  
 Saint Andrew's Church, Encinitas  
 June 24-28, 2019  
 9:00 am to 12:00 pm

Office Use  
 # \_\_\_\_\_  
 Pd \$ \_\_\_\_\_ Ck # \_\_\_\_\_

**REGISTRATION:**

Child's Name: \_\_\_\_\_ T-shirt size: S/M/L Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ T-shirt size: S/M/L Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ T-shirt size: S/M/L Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

\*Children in pre-school through 5th grade.

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening/Cell Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

Allergies/Special Needs: (indicate which child) \_\_\_\_\_

Please, if possible, place my child with: (indicate which child) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**CONSENT: You must list each attending child.**

I give my permission for my child/children \_\_\_\_\_

to attend St. Andrew's Episcopal Church Vacation Bible School (VBS).

I hereby authorize and consent that St. Andrew's Episcopal Church shall have the absolute right and permission to publish and use any and all photographs, portraits or pictures, films, video recordings and/or sound recordings, or any part thereof, that have been taken of my child (children).

In an emergency if none of those listed below are available, I give my permission for the staff of St. Andrew's VBS to take my child/children to a medical facility, if necessary. I consent to treatment for my child/children under the supervision of and as deemed advisable by a physician licensed under the Medical Practice Act and pursuant to Section 25.8 of the California Civil Code.

Parent/Guardian Contact \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yes, I want to volunteer!** \_\_\_\_\_ (you will be contacted)

**Registration Cost:** \$85 in May, and \$95 in June. \$30 for each additional child.

**Optional donation to VBS:** I would like to make an additional donation of \$\_\_\_\_\_ to help with costs.

\*Return this form along with fee to: St. Andrew's Episcopal Church 890 Balour Dr. Encinitas, CA 92024  
 If you have any questions, please contact the Church Office at 760-753-3017, [contact@standrewsepiscopal.org](mailto:contact@standrewsepiscopal.org)