

# St Paul's Lutheran Church

## VACATION BIBLE SCHOOL

### July 18-22, 2022

Monday–Friday, 9am to 12noon

**WHO IS**  
*my neighbor?*



Parent/Guardian Name \_\_\_\_\_  
(First, Last)

Phone \_\_\_\_\_ Home Church \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

List family or friends at St Paul's. If none, how did you hear about us?

\_\_\_\_\_

**Emergency Contact – During VBS**

**Name**

**Phone Number**

**Relationship to Child**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name (First and Last)	Birthdate (mm/dd/yy)	2022 Completed School Grade	Allergies / Medical Info	Group (Church Use Only)

**Photo Release** I understand that photographs may be taken of my family at St Paul's Church (SPC) events, including Sunday School and Vacation Bible School. I authorize SPC, its assigns and transferees to copyright, use and publish in print and/or electronically. I agree that SPC may use such photographs with or without names for any lawful purpose, including for such purposes as publicity, illustration, advertising, and website content. I have read and understand the above. Please check box  if you do NOT agree to the photo release.

**COVID-19** I acknowledge COVID-19 is a risk, and agree to hold SPC and its leaders harmless from any and all liability should I or any member of my family be exposed to or contract COVID-19 as a result of attending SPC activities. My family will minimize the risk to others by not attending with a fever or other related symptoms. I will notify the church office of any COVID-19 exposure. I agree to assume all risks of attendance and participation for my family, and waive any liability against the church and any other parties.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**St Paul's Lutheran Church**

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