

St. Luke's Presbyterian Church Vacation Bible School

Monday, June 7 ~ Thursday, June 10 9 a.m. - noon
For children who turned 3 by September 1, 2009 through
children who have completed 5th grade

REGISTRATION FORM

(One per child - please complete registration form and
attached Authorization to Treat a Minor form)

Child's Name: _____

Age as of 09.01.09

Parent
Cell Phone: _____

DOB: _____

Home Phone: _____

School Grade completed as of
'09-'10 School Year: _____

Email Address: _____

T-Shirt Size: (please circle)
YS YM YL YXL AS

Emergency
Contact: _____

Daytime
Phone: _____

How can you help with High Seas Expedition?

_____ As a leader or teacher during VBS

_____ As a "before the fact", "behind the scenes", or "at home" volunteer (circle one)

High Seas Expedition CD ? Yes No (Please circle)
Include the \$10 with your registration fee, this **CD of our great VBS music is available only through advance purchase!**

FEE SCHEDULE:

\$30 for St. Luke's member registration
\$40 for community/SLLS registration
\$40 for St. Luke's 4th & 5th Graders registration*
\$50 for community/SLLS family

4th & 5th Graders registration

\$10 for CD - **this may only be ordered in advance with registration**

10% Family discount for 3 or more children.

*4th & 5th Grade program includes 2 day trips & 1 overnight trip to the Calvin Center.

All registered kids will receive a t-shirt.



1978 Mt. Vernon Road,
Dunwoody, GA 30338
770-393-1424
www.slpres.org

St. Luke's Presbyterian Church Vacation Bible School

Monday, June 7 ~ Thursday, June 10

9 a.m. - noon

For children who turned 3 by September 1, 2009 through
children who have completed the 5th grade

St. Luke's Presbyterian Church ~ Authorization to Treat a Minor

(one per child)

All 4th & 5th Graders will also receive a "Medical & Liability Release Form" from St. Luke's to be completed, and all necessary forms pertaining to the trip to the Calvin Center.

I/We, the undersigned parent(s) or legal guardian of _____, a minor, do hereby consent to an X-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by, or are suggested, recommended, prescribed or directed by, any physician or surgeon duly licensed to practice in the State of Georgia.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

This authorization shall remain in effect until June 11, 2010.

Child's Name _____ Date of Birth _____

Address _____

Home phone _____ Does your child carry an Epi-Pen? Yes _____ No _____

Allergies to Drugs or Food (children with food allergies must bring their own labeled snack each day) _____

Any Special Medications or other Pertinent Information _____

Family Physician _____ Physician's phone # _____

Physician's Address _____

Parent or Legal Guardian _____

Parents/Guardians May be Reached at the Following Numbers:

Father/Guardian Name _____ Home # _____ Work # _____

Cell # _____

Mother/Guardian Name _____ Home # _____ Work # _____

Cell # _____



WAIVER OF LIABILITY AND RELEASE: I hereby release and hold harmless St. Luke's Presbyterian Church and their officers, directors, employees, and agents from any and all liability for injuries including/ those resulting in death and illnesses incurred while participating or attending any event or in any facility of St. Luke's Presbyterian Church. By signing this document, the participant or legal guardian confirms that he or she has authority to sign, has read the entire document, and has understanding that the document waives certain rights of the person signing or the participant.

Parent /Guardian Signature _____ Date _____

1978 Mt. Vernon Road, Dunwoody, GA 30338 Phone: 770-393-1424 Fax: 770-393-3278