Vacation Bible School 2025 at St. James Lutheran Church

August 4-8 9:00-11:30

Ages 4 thru 6th grade are welcome

Snack and water will be provided

| PLEASE PRINT | | | |
|---|-----------------------------|--|-------------------|
| Child's Name: | Age: | Birthdate: | |
| Child's Name: | Age: | Birthdate: | |
| Parent/Guardian Name: | | | |
| Address: | | | |
| Phone: | | | |
| Email: | | | |
| Permission to pick up your child: | | | |
| Emergency Contact #1 | | | |
| Name: | Phone: | | |
| Emergency Contact #2 | | | |
| Name: | Phone: | | |
| Does your child have an IEP? | If so, how can we bet | ter serve your child in the camp? | |
| Does your child have any allergies? | If so, they are? | | - - |
| Does your child take medication? | If so, they are? | | _ |
| | | | |
| Permission to take pictures of your chi | ld. Yes | No | <u> </u> |
| By signing below, you will not hold St | James Lutheran church liabl | e if your child is hurt or in an acciden | t. |
| Parent/Guardian Signature | Print Name | Date | _ |

For questions, contact St. James at 215-743-1828 or stjameschurchphila@gmail.com stjameschurchphila@gmail.com