St. John UCC Vacation Bible School-2026

Wednesday and Friday, July 22 & 24, 4pm-7pm

VBS celebration during our Worship Service on

Sunday, July 26th at 9: 30



"This Little Light"



St. John United Church of Christ
N104 W14181 Donges Bay Rd, Germantown, WI 53022
Church Office: (262) 251-0640
Email address: office@stjohnuccgermantown.org
Lead Teacher, Kitty Burdette, 1-678-548-1107

VBS Registration, Activity Consent, and Liability Waiver Form
All children aged 3-12 years invited to attend.

Final deadline to register is Monday, July 20, 2026; Call Kitty or Register online
Dinner will be served

CODE OF CONDUCT:

Children participating in VBS are expected to respect their teachers and staff, and follow their instructions. Children are also expected to be courteous to one another. Violators of the code of conduct may be removed from their groups and/or activities. Parents may be called to pick up their child for persistent violations.

NAME:

_____
_ AGE:_____

NAME:

_____
_ AGE:_____

NAME:

_____
_ AGE:_____

Parent/Guardian Name (1) : _____ Phone: _____

Parent/Guardian Name (2) : _____ Phone: _____

Email address:_____

(See Liability Waiver on the second page)

PHOTOGRAPHY: I understand that pictures and videos may be taken of children participating in various Vacation Bible School activities for non-commercial use.

Liability Waiver

I understand that St. John United Church of Christ will not be held responsible for any and all injuries sustained by the child named in this VBS application and I agree to hold St. John UCC (including its staff and volunteers) harmless and release St. John UCC from any and all responsibility and liability for any injury, negligent or otherwise, which may be suffered by the named individual(s) registered in the VBS, arising out of or in any way connected with participation in this program. I have read the above application and waiver, and fully understand that I assume all risks for injuries received.

_____ _____

Signature of parent/guardian **Date**

Please list any special needs or food allergies:

_____

_____

I hereby give my consent to the children named on this application to participate in all activities (unless otherwise stated under special needs) in the VBS program being conducted by St. John United Church of Christ. I further agree that in the event of an emergency, I hereby authorize the pastor, staff or any other adult leader of this activity, in my absence and the absence of other legal guardians, to seek emergency medical treatment in case of serious injury or illness.

Parent or guardian signature: _____Date: _____

Health Insurance company:_____ Group # _____

Physician:_____ Phone: _____

Emergency contact person: (Person who may be contacted if parent cannot be reached in case of emergency)

Name: _____ Phone: _____