## Vacation Bible School



## Come join us!

WHEN: Monday-Friday

June 24 - 28, 2019;

9:00 am-Noon

Kids 3 yrs. Old (with one year of 3 year old preschool experience) WHO:

- 6<sup>th</sup> arade (completed)

REGISTER: By mail or in person.

\$8 per child until May 20, 2019; \$15 per child May 21-June 17; \$25 per child after June 17, 2019

Make check payable to JMPC, VBS

John McMillan Presbyterian Church

875 Clifton Road Bethel Park, PA 15102

Tel: 412-833-4704 www.johnmcmillanpc.org



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## **Miraculous Mission Vacation Bible School**

Monday, June 24 - Friday, June 28, 2019 ~ 9:00 am to Noon \$8 per child until May 20, 2019; \$15 per child May 21-June 17 \$25 per child after June 17; Make check payable to JMPC, VBS

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Child's First

reminder of the date, time and location of our Miraculous Mission Vacation Bible Schoo

this portion as

Parents:

	& Last Name	M or F	Birth	Leaving	Medical Needs	Friend Grade
<u>I</u>	PLEASE PRINT Reg	istratio	n due by	June 17,	2019	
F	Parent/Guardian First & Last N	Vame				

Parent/Guardian First & Last Name				
Address	_ City _		_ PA	_ Zip
Contact phone 1		Contact phone 2		
Parent/Guardian e-mail				
Child Care Provider or Emergency Contact:				
Name		Phone		
Relationship to Child				
Child's Home Church		How did you hear about	VBS?	

Medical Release: I (We), the parent(s) or guardian(s) of the above listed child(ren) grant permission for our child(ren) to participate in Vacation Bible School at John McMillan Presbyterian Church and to receive medical treatment if necessary. If I (we) or the listed child care provider or emergency contact cannot be reached, I (we) give our permission to the staff to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child's well-being. I (we) also release and agree to hold harmless John McMillan Presbyterian Church and all its participants from any liability and assume all risk of injury, damage or expenses as the result of participation in activities in Vacation Bible School,

Office use only: Total amt due:
Payment attached:
Paid by: Cash
Check #

Friend Request/

Photo/Video Release: I (We) understand that as a participant in John McMillan Presbyterian Church's VBS. my child(ren) may be photographed/videotaped during VBS events. I (we) also understand that these photographs/videos may be used in presentation & promotional materials and published in the church newsletter and JMPC social media in accordance with the Photo use policy at JMPC. I (We) release John McMillan Presbyterian Church from any and all liability. .

Parent/Guardian Signatu	re
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