



# Christmas in July

Monday, July 21 to Thursday July 24, 2014

*Sponsored by*

## **All Saints Episcopal Church**

129 North Market Street

PO Box 119

Selinsgrove PA 17870

**Registration by July 16<sup>th</sup>**

### **(Please print)**

#### **Student 1**

Full Name: \_\_\_\_\_  
                    First                                    MI                                    Last                                    (Nickname)

[  ]Male [  ]Female Age:\_\_\_\_\_ Grade Completed:\_\_\_\_\_ School \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_  
(food, medicine, bee sting, other?)

#### **Student 2**

Full Name: \_\_\_\_\_  
                    First                                    MI                                    Last                                    (Nickname)

[  ]Male [  ]Female Age:\_\_\_\_\_ Grade Completed:\_\_\_\_\_ School \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_  
(food, medicine, bee sting, other?)

#### **Student 3**

Full Name: \_\_\_\_\_  
                    First                                    MI                                    Last                                    (Nickname)

[  ]Male [  ]Female Age:\_\_\_\_\_ Grade Completed:\_\_\_\_\_ School \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_  
(food, medicine, bee sting, other?)

**Parent(s)/Guardian** Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail (Please print clearly): \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) to Whom Child(ren) May be Released:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there anything we should know about your child(ren)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We give permission for the above child(ren) to participate in the All Saints Episcopal Church Vacation Bible School – Christmas in July. I give permission for the administering of minor first aid procedures and/or obtaining of emergency medical care. I release All Saints Episcopal Church, Selinsgrove from any responsibility for personal property or injury occurring while the child participates in the Vacation Bible School.

All Saints Episcopal Church has permission to take and use photographs of my child(ren) participating in Bible School.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete and return this form as soon as possible because our limited spaces are filled on a first come, first served basis. A check covering the registration fee of \$5.00 for each child wishing to attend should be made out to All Saints Episcopal Church and sent to:**

**All Saints Episcopal Church  
129 North Market Street  
PO Box 119  
Selinsgrove, PA 17870**

**Questions? Contact our church office: (570) 374-8289**