

St. Paul's Vacation Bible School 2024

Camper Registration Form

All Faiths Welcome!



Where: St. Paul's Lutheran Church, 104 S. Village Avenue, Exton, PA 19341

When: July 22-26, 2024, from 9:00-12:00 pm

- Ice Cream Social on Sunday, July 21, at 6:00 pm!
- Closing Show on Friday, July 26, at 12:00 pm! *Families and guests welcome!*

Ages: 4 years old by 1/1/2024 through completed 5th grade in 2023-2024 school year *
 * *Children who completed 5th grade in 2023-2024 school year can attend or volunteer. Older children can volunteer. Please fill out and turn in a volunteer registration form.*

Cost: \$40 per child / \$30 for siblings (financial assistance is available - contact Pastor Stuart)

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Registration form(s) and payment are due July 7, 2024 (exceptions will be made if your child's class is not full). **Mail registration form(s) and check** to St. Paul's Lutheran Church or enclose form(s) and check in an envelope and put it in the VBS mailbox in the narthex under the stairs. **Funds to help defray** the cost of supplies appreciated. **An email with more details** will be sent the week of July 15.

St. Paul's Vacation Bible School 2024 Registration Form *(one form per child)*

_____ M / F _____
Camper: Name *Gender* *Birthdate*

Home Address (street number, street name, town, state, zip)

Church Affiliation (name, city, state)

_____ _____
Parent/Guardian: Name *Parent/Guardian: Phone*

Parent/Guardian: Email

_____ _____ _____
Emergency Contact: Name *Emergency Contact: Relationship* *Emergency Contact: Phone*

Age: Preschool: 4 years old by 1/1/2024 5 years old by 1/1/2024

School age: * K 1st 2nd 3rd 4th 5th * *grade completed in 2023-2024 school year*

Youth Size T-shirt (select one): Small Medium Large Extra-Large

May we put photos of your child on St. Paul's website, Facebook page, etc. without their name? Yes No

* *We will be livestreaming the closing show via a private link; more details to come.*

Can you help with VBS this year? Yes, absolutely! Maybe, please contact me. Sorry, no.

* *We are offering a \$5 discount for each day a parent volunteers*

Person(s) to whom child may be released besides parent/guardian and emergency contact

Allergies and/or limitations

Any special requests

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OFFICE USE Date Received: _____ Cash/Check #: _____ Amount Paid: \$ _____