

Permission Slip For Emergency Medical Treatment

I give my permission for the volunteers of Saint Margaret's Episcopal Church Vacation Bible School to obtain emergency medical treatment for my child.

Child's Name _____

Parent's Name (print) _____

Parent's Signature _____

In the event of an emergency, if you are unable to reach me, please contact:

Name _____

Phone _____

Doctor _____

Phone _____

* * *

In an effort to assist parents who work full time, we are considering an "After VBS Care Program" this year, from 2:30 to 5:30 p.m.. This would be separate from VBS and afternoon electives, however, fully supervised and staffed. If interested, please contact Sonja Smith directly ssmith@saintmargarets.org or 425 746-6650x316 for more information.

St. Margaret's Episcopal Church

Invites You To Join Us

As We "Head to New York" for Our



Vacation Bible School

July 25 - 29, 2011

Preschool - K's 9:00 to 11:30 a.m.

\$25.00 (if paid in full by May 15)

\$30.00 (if paid in full by June 5)

\$40.00 (if paid in full by June 26)

1st - 6th Grades 9:00 to 2:30 p.m.

with 2 afternoon electives

\$40.00 (if paid in full by May 15)

\$45.00 (if paid in full by June 5)

\$55.00 (if paid in full by June 26)

Registration Deadline June 26th

**However, if classes are full before 6/26 we
will close registration earlier**

St. Margaret's Episcopal Church
4228 Factoria Blvd SE, Bellevue 98006
425 746-6650 www.saintmargarets.org/children/vbs.asp

**Bring your sack lunch each day,
we will eat from 12:00 to 12:30.**

Afternoon Elective Choices

Beading

Creative Arts (music, theater, art)

Fun With Yarn (crochet, knit, weave)

Martial Arts

Metro Bus Stop Painting

Nature Lovers

Race Car Derby

Scrapbooking

Sports (varies by day)

Woodshop



**Afternoon Electives will be from
12:30 to 1:25, and 1:30 to 2:30.**

Elective Choices

Every effort will be made to assign your first two choices, but please list two alternates.

1. _____ 2. _____
3. _____ 4. _____

Child's Name _____ M ___ F ___

Address _____

City/State/Zip _____

Tshirt size: Youth (s,m,l,xl) _____ Adult (s,m,l) _____

Grade in Fall '11 _____ Age as of 7/1/11 _____

Home Phone Number _____

Mother's Name _____

Best number to reach you during VBS _____

Father's Name _____

Best number to reach you during VBS _____

Adults authorized to pick up child: 1. _____

2. _____ 3. _____

Email address (necessary) _____

Home Church (if any) _____

Health Problems/allergies/special needs to be aware of _____

How did you hear about our VBS? Website _____
Street signs _____ Friend _____ Radio _____
Return Attendee _____