



Emmanuel Church Middleburg

Kids Connect

Vacation Bible School Registration Form

Dates: July 13-17
Time: 9:00 AM - 12:30 PM
Ages: 5-12

Child Information

- Child's Full Name: _____
- Date of Birth: _____ Age: _____
- Grade Completed (as of June): _____
- Gender: _____

Parent/Guardian Information

- Parent/Guardian Name(s): _____
- Address: _____
- City/State/Zip: _____
- Primary Phone: _____
- Secondary Phone: _____
- Email Address: _____

Emergency Contact (if parent/guardian cannot be reached)

- Name: _____
- Relationship to Child: _____ Phone Number: _____

Pickup Authorization

Please list all individuals authorized to pick up your child. ID may be required.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Permissions

- I give permission for my child to participate in all VBS activities.
 Yes No
- In case of emergency, I authorize staff to seek medical treatment for my child.
 Yes No
- I give permission for photos/videos of my child to be used for church purposes (no names will be published).
 Yes No

Health Information

- Physician's Name: _____
- Physician's Phone: _____
- Does your child have any medical conditions we should be aware of?
 Yes No
If yes, please explain: _____
- Allergies (food, medication, environmental):
 Yes No
If yes, please list and describe severity: _____

Registration Information

Please complete one registration form per family.

Submit completed forms in one of the following ways:

- Email to parishsecretary@emmanuelmiddleburg.org
- Drop off at the Emmanuel Church Middleburg Parish Office, 105 E Washington St. Middleburg, VA
- Mail to: Emmanuel Church Middleburg, PO Box 306, Middleburg, VA 20118

Registrations will be processed in the order they are received and accepted until all spaces are filled. Walk-in registrations during VBS week will only be accommodated if space remains and a completed form is provided at that time.

OR

[Pay online](#)

Use the pull-down menu to select "Vacation Bible School 2026" and deselect "Recurring Giving." Then, fill out the necessary information. You still need to complete and mail in the paper copy of the registration form.

Registration Fee

- \$50 per child
- \$45 per child (sibling discount)

Number of children registering: _____

Total Payment: \$_____

Parent/Guardian Signature

I certify that the above information is accurate and complete.

Signature: _____

Date: _____

Office Use Only

Payment Received: Yes No

Amount: \$_____

Notes: _____



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Vacation Bible School Photo and Media Release

Name of child(ren): _____

I hereby grant **Emmanuel Episcopal Church** (the “Church”) permission to photograph and/or record my child during Emmanuel Episcopal Bible School activities. I understand that these images or recordings may be used for Church-related purposes, including but not limited to church bulletins, newsletters, printed materials, presentations, the Church website, and social media platforms.

I understand that no compensation will be provided and that all images and recordings are the property of the Church. I waive the right to inspect or approve any finished product in which the likeness of my child/children appears, including written or electronic copy. This consent is given in perpetuity.

Please indicate your choice below:

- Yes**, I give permission for my child’s/children’s photo/video to be used by the Church
 No, I do not give permission for my child’s/children’s photo/video to be used

Parent/Guardian Signature

I certify that the above information is accurate and complete.

Signature: _____

Date: _____



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Vacation Bible School Injury, Medical Care, and Liability Waiver

Name of child(ren): _____

I, the undersigned parent or legal guardian, acknowledge that participation in **Emmanuel Episcopal Vacation Bible School** (the "School"), which is provided as part of the activities of **Emmanuel Episcopal Church** and is a part thereof (the "Church"), may involve physical activity and carries a risk of injury. I voluntarily assume all risks associated with my child's/children's participation in the School.

I hereby **release, waive, and discharge** the School and the Church, and the clergy, employees, volunteers, and representatives of the Church and the School, from any and all claims, liabilities, injuries, losses, illnesses, and causes of action of any kind whatsoever arising out of or related in any way to my child's/children's participation in the Church/School activities, except in cases of gross negligence or willful misconduct by the afore named.

I acknowledge that this Waiver Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that if any portion hereof is held to be invalid, it is agreed that the remainder of the provisions hereof shall, notwithstanding, continue to full legal force and effect. I have read this agreement and understand its contents.

In the event that I cannot be reached in an emergency, I hereby authorize either or both of the School and the designated representatives of each to obtain **emergency medical treatment** for my child/children, including first aid, physician services, hospitalization, or other medical care deemed necessary.

I acknowledge that:

- I am responsible for **all medical expenses** incurred for my child/children.
- Neither the Church nor the School will provide medical insurance coverage for participants.
- All information provided on this form is accurate and complete to the best of my knowledge.

Parent/Guardian Signature

I certify that the above information is accurate and complete.

Signature: _____ Date: _____