

<h2 style="margin: 0;">Kids Can Be Heroes</h2> <p style="margin: 0;">2019 Vacation Bible Camp</p> <p style="margin: 0;">St. Patrick's Church 1434 East 13 Mile Rd. Madison Heights, MI 48307</p>
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DATES: Monday, August 5 – Thursday August 8 and Sunday, August 11, 2019
TIME: Monday – Thursday 6:30 – 8:30 pm Sunday, 10:00 am
COST: There is no registration fee. Free will donations are welcome and appreciated.

<h3 style="margin: 0;">Parent/Caregiver Information</h3>
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Parent's Name(s) _____

Address _____ City _____

Zip _____

Best Phone _____ Alternate Phone _____

Email _____

Emergency Contact Person _____

Phone _____

Names of people who may pick up your child(ren):

Name _____ Phone _____

Name _____ Phone _____

<h3 style="margin: 0;">Child Registration</h3>
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Child's Name	Age	Grade in Fall 2019	Allergies and/or Medical Concerns
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See next page for additional information

Protecting Your Children

We are committed to safeguarding all of God's children. Our parent leaders have all received Safe Church training and certification to assure that we create safe environments, especially for children and youth from abuse or exploitation.

Parental Consent

I give full permission for my child to attend Vacation Bible Camp and engage in various activities sponsored by St. Patrick's Episcopal Church. I agree to hold St. Patrick's Episcopal Church and any associated agencies and persons free of liability and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child(ren) arising out of or connected with his/her participation in any activity related to Vacation Bible Camp.

This consent also includes specific permission hereby granted to the adult supervisors and leaders at St. Patrick's to make medical decisions with respect to minor child(ren) in the event of an accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision and to administer medication when required.

Date_____

Parent or legal guardian signature

Photo Release – I agree to allow pictures of my child(ren) to appear in the St. Patrick's newsletter, website or any other media (video recording of activities) without name identification.

Initials: _____

On August 11, during the 10:00 am church service, children will be participating in the Sunday worship, highlighting what they have learned.

Will your child(ren) be able to attend: Yes___ No___

What kind of role fits your child?

Speaking/reading Non-speaking Group singing

**Mail completed form to: St. Patrick's Episcopal Church ATTN:VBS
1434 East 13 Mile Rd
Madison Heights, MI 48071**

OR Place it in the "May We Pray For You" mailbox at the end of our driveway

OR Scan it and email to: stpatmh@comcast.net

Any questions:

Please contact Paul LeClair (248) 842-6856 or email: paul.leclair143@gmail.com

Or

Dan Heini (586) 242-1753 or email: danielheini@aol.com

Or

Join us for worship at 10:00 am or 6:00 pm any Sunday