

# Vacation Bible School 2023



St. John the Baptist, St. John Lutheran, and Trinity United Methodist Churches journey together on this exciting,

## “Miraculous Mission”

**Sunday June 18<sup>th</sup> – Thursday June 22<sup>nd</sup>, 2023, 6:30 – 8:30 pm**  
**At St. John the Baptist Catholic Church**

### **We need LOTS of participants!**

Pre-K through graduating 5<sup>th</sup> graders can join the journey.  
(See our registration packet)

### **We need LOTS of volunteers!**

Graduating 6<sup>th</sup> graders through adults, please consider volunteering – no experience is needed. We are looking for Station Leaders, Crew Leaders, Musicians, Singers, Decorators, and Crafters.

**Please contact the Religious Education office @717-235-2439 or [reled@sjbnf.org](mailto:reled@sjbnf.org) for more information, or to volunteer.**



**Vacation Bible School Registration**  
**June 18<sup>th</sup> -22<sup>nd</sup>, 2023 6:30 – 8:30 pm**  
**At St. John the Baptist Catholic Church**

Sponsored by: St John the Baptist, St. John Lutheran, and Trinity United Methodist

For participants (Pre-K (age 4) through graduating 5<sup>th</sup> graders) please fill out the registration form below.  
 Volunteers (graduating 6<sup>th</sup> graders through adults) please fill out the volunteer registration (on back).

**VBS Registration Form:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

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Address: \_\_\_\_\_ email \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home telephone #: (\_\_\_\_) \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone #:(\_\_\_\_) \_\_\_\_\_ Father's Name: \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

Other emergency contact for child: \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

Allergies, Medical conditions/Special needs: \_\_\_\_\_

*(For children with special needs, a parent may need to stay on the premises)*

Home Church: \_\_\_\_\_

Name of friend your child(ren) might like to be placed with during VBS: \_\_\_\_\_

*I give consent for VBS leaders to treat my child with First aid if needed.* \_\_\_\_\_ (sign)

\*\*Persons, other than parent, permitted to pick child up from VBS 1. \_\_\_\_\_ 2. \_\_\_\_\_

I would like to make a donation in support of this program: Yes  No

I would like to order a music CD at a cost of \$7.00 each (Payable to St. John the Baptist Church)

# of CD's being Ordered \_\_\_\_\_ Total Enclosed: \_\_\_\_\_ *Deadline to order CD: June 1<sup>st</sup>.*

**Child Image Consent:**

I hereby grant St. John Lutheran, Trinity United Methodist, and St. John the Baptist Catholic Churches permission to use my child(ren)'s likeness in photographs, video recordings or electronic images in any and all of its printed and electronic publications, including newspaper articles, brochures, religious displays and presentations, website postings, facebook, and email entries, without payment or any other consideration. I understand and agree that these materials are the property of the organizations. I hereby authorize the organizations to edit, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child(ren)'s likeness appears. I understand names and personal information will NOT be identified, unless I grant permission. I understand and agree that this releases photographers and the churches from any future claims as well as any liability arising from the use of said media.

I DO NOT grant St. John Lutheran, Trinity United Methodist, or St. John the Baptist Catholic Churches permission to use any media containing my child(ren)'s likeness.

\_\_\_\_\_  
*Child(ren)'s name(s): (please print)*

\_\_\_\_\_  
*Parent/Guardian (Signature) Parent/Guardian Name (please print) (Date)*

**VBS Volunteer Registration Form**

Name: \_\_\_\_\_ Youth / Adult Cell # \_\_\_\_\_ e-address: \_\_\_\_\_

Adults: Do you have a current Diocesan Child-Protection Clearance?  Yes  No

**Adult Image Consent:**

I hereby grant St. John Lutheran, Trinity United Methodist, and St. John the Baptist Catholic Churches permission to use my likeness in photographs, video recordings or electronic images in any and all of its printed and electronic publications, including newspaper articles, brochures, religious displays and presentations, website postings, facebook, and email entries, without payment or any other consideration. I understand and agree that these materials are the property of the organizations. I hereby authorize the organizations to edit, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I understand names and personal information will NOT be identified, unless I grant permission. I understand and agree that this releases photographers and the churches from any future claims as well as any liability arising from the use of said media.

I DO NOT grant St. John Lutheran, Trinity United Methodist, or St. John the Baptist Catholic Churches permission to use any media containing my likeness.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
*(Signature)* *(Date)*

\_\_\_\_\_  
*(Printed Name)*

**Youth Image Consent:**

I hereby grant St. John Lutheran, Trinity United Methodist, and St. John the Baptist Catholic Churches permission to use my child(ren)'s likeness in photographs, video recordings or electronic images in any and all of its printed and electronic publications, including newspaper articles, brochures, religious displays and presentations, website postings, facebook, and email entries, without payment or any other consideration. I understand and agree that these materials are the property of the organizations. I hereby authorize the organizations to edit, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child(ren)'s likeness appears. I understand names and personal information will NOT be identified, unless I grant permission. I understand and agree that this releases photographers and the churches from any future claims as well as any liability arising from the use of said media.

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\_\_\_\_\_  
*Child(ren)'s name(s): (please)*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian (Signature)* *Parent/Guardian Name (please print)* *(Date)*