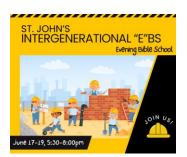
## **Evening Bible School 2024**



DATES: June 17-19, 2024

<u>TIME</u>: 5:30-8:00 PM <u>COST</u>: \$10 per participant or \$15 per family

### **Parent/ Caregiver Information**

Adult's Name(s)				
Address				
Home Phone	_ Cell Phone			
Email				
Member of St. John's church: Yes No				
Emergency Contact (even for adults)				
	Ph	one		
Names of people who may pick up your child(ren) from "E"BS: (if applicable)				
Name	Phone			

Name \_\_\_\_\_ Phone \_\_\_\_\_

# **Child Registration**

Participant's Name (if different from above)	Grade in Fall 2024 (if applicable)	Participant's Pronouns	Participant's Preferred name

#### (add additional sheet if necessary)

Mail completed form to: St. John's Episcopal Church ATTN: EBS 26998 Woodward Ave. Royal Oak, MI 48067 Any questions please contact Holly McNeal 734-497-8222, email: hollymcneal@stjohnro.org

### **Parental Consent**

I give full permission for myself and or my child to Evening Bible School and engage in various activities sponsored by St. John's Episcopal Church. I agree to hold St. John'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 myself or the aforementioned child(ren) arising out of or connected with his/her participation in any activity related to Evening Bible School.

This consent also includes specific permission hereby granted to the adult supervisors and leaders at St. John'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. John's newsletter, website, or any other media without name identification. Initials: \_\_\_\_\_