



St. Paul's Lutheran Church

**837 Old Bethlehem Road
Quakertown, PA 18951
215-536-5789
stpaulsqtown.org**

**Monday - August 7, 2023 – Friday - August 11, 2023
6 pm – 8 pm**

5:30 pm – 6:00 pm → A light meal will be offered for the children

For more information, please email: rsutkins@gmail.com

Child's Name - ***please complete a form for each child attending*** _____

Age _____ Last Grade Completed in School _____

Attends another Faith Community Yes No (please circle one)

Parent/s or Guardian/s Name/s _____

Contact Email _____ Contact Phone Number _____

Street Address/City/State/Zip Code _____

Emergency Contact Name / Relationship to Child _____

Emergency Contact Phone Number _____ Secondary Contact Number _____

Allergies:

Child has NO known allergies

Child has FOOD allergies

Child has allergies that require the use of an Epi Pen or Emergent Care

Allergies - please list ALL allergies and reaction type _____

Does Student have an EPI Pen?

NO

Yes - child ALWAYS has an Epi Pen with him and understands how to use the EPI Pen independently

Yes - child ALWAYS has an Epi Pen with him but CANNOT use Epi Pen independently

What days will you attend?

Day 1

Day 2

Day 3

Day 4

Day 5

Dietary restrictions:

None

Vegetarian

Vegan

Kosher

Gluten-free

Other: _____

Photo Release

PHOTO AUTHORIZATION

I/We, the undersigned parent(s)/guardians of above-named child, hereby allow, permit and authorize St. John's Lutheran Richlandtown, St. John's Lutheran Spinnerstown, St. Paul's Lutheran Applebachsville, and Christ's Lutheran Church of Trumbauersville to post a photograph or likeness of the face and head of my/our child, together with only his/her first name being used.

This authorization is with the understanding that the photo or likeness of my/our child will be used in church newsletter, Facebook page, and website with the understanding that no other information relating to the identity of the child or families will be used.

I/We have signed this form voluntarily and understand that I/We have the option to refuse this authorization.

PHOTO RELEASE

My signature attests that I have read the Photo Release Authorization contained herein, that I am the legal parent or guardian of the above-named child having legal authority to give permission as such for my child to have photos taken during the VBS week.

****if you DO NOT give permission for photos of your child - please indicate "NO" in signature line below****

Photo Release Signature: _____ Date: _____