



## 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 Please  box if you plan to attend

For more information, please email: [rsutkins@gmail.com](mailto: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 / 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: \_\_\_\_\_