POHICK’S VACATION BIBLE SCHOOL
July 8th – 12th, 9:00-12:00 noon

The theme this year is “To Mars and Beyond”, where the students will learn to trust that God will always be with them through anything.

We welcome all 3 year olds through 5th grade students. The 6th – 12th grade students are welcome to come and be assistants and aides!

Anyone who is interested in teaching, assistant teaching, being an aide, snacks, nursery attendant, art assistant or helping in any way, please call Frances Sessums (703-472-5180).
Consent to Use Photographs of Minors in Official Church Publications of Pohick Church

For the purpose of promoting its ministries, Pohick Church will often take photographs of children and staff, or photographs in which children may be involved with others. In order to understand the wishes of parents and/or guardians with respect to the use of these photographs in official publications, this form must be completed and returned with your child’s registration information.

For clarity, the term “Pohick Church” as used herein refers to Pohick Church staff and volunteers; “photograph(s)” to both still photographs and videotape footage; “child” to a child who is a minor; and “official publications” to Pohick Church-sanctioned print publications, online publications, presentations, websites, and social media.

I understand that photographs of my child may be used in official publications. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I understand that no other personal identification of my child such as name, age, or grade, will be disclosed.

☐ For official publications, I consent for Pohick Church to use photographs of my child taking part in church-sponsored activities and/or learning experiences.

☐ For official publications, I DO NOT consent for Pohick Church to use photographs of my child taking part in church-sponsored activities and/or learning experiences.

______________
Child’s Name (Please Print)

______________
Parent/Guardian’s Name (Please Print)

______________
Parent/Guardian’s Signature

__________
Date
POHICK EPISCOPAL CHURCH
Vacation Bible School
July 8-12, 2019

Please PREREGISTER your students – it makes planning easier

REGISTRATION FORM

TO BE HELD AT:  Pohick Episcopal Church
                 9301 Richmond Highway
                 Lorton, Virginia 22079

Beginning at age 3 (only if potty-trained) - Grade 5*

Monday - Friday
9:00 A.M. - 12:00 Noon

IT IS NECESSARY FOR THE DAILY SESSIONS TO BEGIN PROMPTLY AT 9 A.M.

Directions: Please fill out a separate form for each child attending.

Child’s Name _________________________________________________________________

Address _____________________________________________________________________
(street)  (city)  (zip)

Telephone __________________________ Date of Birth _____________________________

*School Grade completed in June of 2019_____________________________________

Parent’s Names _______________________________________________________ 

Medical Information (e.g. food allergies, etc.) _________________________________

____________________________________________________________________

PLEASE CHECK WHERE APPROPRIATE:

_____ I can stay and help if needed.

_____ We would like to carpool, if possible.

_____ My child would like to come, but will need a ride.

_____ I can provide a ride for _____ child(ren).

Please return this form to the church office, either in person or by mail (address listed above).

(over)
POHICK EPISCOPAL CHURCH
Vacation Bible School

PERMISSION FOR EMERGENCY CARE

Name of Child ____________________________________________
Date of Birth   ___________________________
Name of Parent/Guardian ___________________________________
    Address ___________________________________
    Telephone _________________________

“THE CHURCH HAS MY PERMISSION TO CALL ANOTHER PHYSICIAN IN AN
EMERGENCY WHEN FAMILY PHYSICIAN OR I CANNOT BE CONTACTED.”

Name of Family Physician ___________________________________
    Telephone ______________________________

IS YOUR CHILD:
    ALLERGIC TO MEDICATION? _________________
    IF SO, WHICH __________________________________
    ANY OTHER ALLERGIES -SUCH AS BEE STINGS

_____________________________________________
    UNDER PHYSICIAN’S CARE? _____________
    UNDER MEDICATION NOW? _____________

“THE CHURCH HAS MY PERMISSION, IN AN EMERGENCY WHEN I (OR MY
PHYSICIAN) CANNOT BE CONTACTED, TO TAKE MY CHILD TO THE
EMERGENCY ROOM OF THE NEAREST HOSPITAL AND ITS MEDICAL STAFF
HAVE MY AUTHORIZATION TO PROVIDE TREATMENT WHICH A PHYSICIAN
DEEMS NECESSARY FOR THE WELL-BEING OF MY CHILD.”

NOTE: By law a parent cannot consent in advance to any and all manner of emergency care.
It is understandable that in cases, other than the need for immediate emergency treat-
ment, the attending physician may defer treatment pending the parent’s permission to
administer professional service.

_________________________
    (parent/guardian signature)

_________________________
    (date)