



VACATION BIBLE SCHOOL
OPEN TO KIDS ENTERING GRADES PK-4 TO 6TH
JUNE 5-9, 2017, 8:45A.M.-12:15P.M
ABSOLUTE FINAL DEADLINE TO REGISTER: June 1
REGISTRATION FEE---ONLY \$15
(includes lunch, materials, t-shirt, and day of fun on Friday)

April 17, 2017

Dear Parents,

Christos Anesti! Christ is Risen!

We are thrilled to be opening up registration for Vacation Bible School! Our theme this year is “Blast Off to the Son”. Children will be reminded that God yearns for a relationship with them and that from the very beginning, to the furthest reaches of space (and beyond!), nothing is outside God’s control or beyond His grasp. He loves us and will never leave us! These teaching will be instilled through lessons, activities, songs and crafts. This year, we are once again opening up admission to our Vacation Bible School to the neighborhood as a ministry and outreach to our community. What a beautiful way to introduce them to our Faith and Church Family!

However, this program can’t go on without the help of our precious volunteers. I humbly ask that any parent who may be interested in volunteering please contact me at (904) 396-5383 x12 or email me at pastoral.assistant@stjohnthedivine.com We will also only be accepting a LIMITED NUMBER of teenage volunteers, ideally in grades 9-12. If your teenager would like to volunteer, please have him/her contact me before June 1.

Finally, we strongly encourage you to register your children early because space is limited. This year, space for students will be limited to the number of adult volunteers who are available to assist us so that we can maintain an acceptable student-teacher ratio. The final day to register is June 1. We will not be accepting any enrollments after this deadline unless we have adequate staff in place to maintain a low student-teacher ratio. Thank you for your understanding!

Looking forward to seeing you at Vacation Bible School!

Yours in Christ,

Alyssa Kyritsis, MDiv
Pastoral Assistant at St. John the Divine

2017 VACATION BIBLE SCHOOL

REGISTRATION FORM

St. John the Divine Greek Orthodox Church

3850 Atlantic Boulevard

Jacksonville, FL 32207

(904) 396-5383 Fax: (904) 399-1547

Student's Name: _____

Student's Grade (Fall 2017): _____ T-Shirt Size (YXS-AXL): _____

Home Parish: _____

Parents Name: _____

Best Contact Number during VBS: _____

Email Address: _____

Name of Person(s) Authorized to Pick Up Your Child(ren):

Brother(s) and/or Sister(s): (name and age)

Would you like to be a parent volunteer, if so, in what area (kitchen, registration, meals)?

To be completed by VBS Staff:

Registration Fee: _____ Class: _____



MEDICAL HISTORY FORM

All youth, youth directors, advisors, and all adults attending events must fill in this form.

Name (last, first): _____
Date of Birth: _____ Age: _____ Grade (Fall 2017): _____
Address: _____
City: _____ State: _____ Zip: _____
Mother's Name _____ Mobile #: _____
Father's Name _____ Mobile #: _____

Physician's Name _____ Tel#: _____
Dentist's Name _____ Tel#: _____
Hospital of Choice: _____ Tel#: _____

Any medical problems? _____

Is your child taking either prescription or over-the counter medication on a regular basis? Yes/ No

Name of drug/ dose/ time of day it is taken _____

Does child have any allergies? Yes / No

If yes, list all allergies: _____

Type of Reaction (be specific): _____

Comments: _____

List names and telephone numbers of two persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons may have to make a medical decision.

1. Name _____ Relationship _____ phone _____

2. Name _____ Relationship _____ phone _____

EMERGENCY MEDICAL TREATMENT

I the undersigned agree(s) that in the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she participates in this retreat, you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of your and the doctor's actions relating to my child's illness/injury, and I assume and agree to pay for any professional medical services and other fees/costs incurred.

RELEASE OF LIABILITY

The undersigned agree(s) that St. John the Divine Greek Orthodox Church shall have no liability for any claims for losses, damages, costs, or expenses incurred or arising directly or indirectly from any acts or events which may occur during Vacation Bible School.

Parent/Guardian Signature: _____ Date _____

Permission for emergency medical treatment will be effective throughout the youth's enrollment. If there is any change of information, please contact either the clergy or advisors.

Name of Insured: _____

Insurance Company _____

Group Identification # : _____ Member # _____

Telephone # _____

____ Attached is a copy (front and back) of the Insurance Card of the Insured—stapled to this form