



## **POHICK'S VACATION BIBLE SCHOOL**

**July 10<sup>th</sup> – 14<sup>th</sup>, 2023**

**9:00-12:00 noon**

We welcome all 3 year olds through 5<sup>th</sup> grade students. The theme this year is Hero Hotline, Called Together to Serve God; Hero Verse: So let's strive for the things that bring peace and the things that build each other up (Roman 14:19). At Hero Hotline VBS, the children will enjoy a Bible-based good time as they are called together to serve God. The students will hear timeless Bible stories exploring how God calls his people to serve and they will enjoy crafts, music, recreation and tasty treats. Along the way, the Heroes will hear about our mission project and a call for action!

The 6<sup>th</sup> – 12<sup>th</sup> grade students are welcome to come and be assistants and aides!

Anyone who is interested in helping in any way, please contact Susan Pehrsson at 703282-6574 or [spehrsson@pohick.org](mailto:spehrsson@pohick.org)

## 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.

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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.

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Child's Name (Please Print)

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Parent/Guardian's Name (Please Print)

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Parent/Guardian's Signature

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Date



**POHICK EPISCOPAL CHURCH  
Vacation Bible School  
July 10-14, 2023**

**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

\*Grade that they just completed

**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 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 treatment, the attending physician may defer treatment pending the parent’s permission to administer professional service.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)