

**Wilmington Island Presbyterian  
Vacation Bible School 2024  
May 28<sup>th</sup> – May 31<sup>st</sup>  
9:00 a.m. to 12:00 p.m.**

**\*Ages: 3 yrs. through rising 5<sup>th</sup> grade**  
Cost: \$25 per child

**Registration Deadline is  
Friday, April 26<sup>th</sup>**  
**(Please register early; space is limited!)**



For office use only:  
Date received: \_\_\_\_\_  
Payment received: Check # \_\_\_\_\_ Cash  
Amount: \_\_\_\_\_

**Registration is not complete until both payment and registration/photo release have been received for each child.** Drop off registration/photo release to church office or email them to [wipc@bellsouth.net](mailto:wipc@bellsouth.net). **Payment Options:** cash or check are accepted in the office OR you may pay online by going to our website, [wipsav.org](http://wipsav.org), click on the “Give Online” tab and follow the directions (**please use the “VBS” option**). **Office hours:** M-F, 9:00 AM – noon. If you have any questions, please contact the church office (912-897-1840). Registrations cannot be accepted over the phone. Thank you!

Child’s full name \_\_\_\_\_ M/F (circle)

Prefers to be called \_\_\_\_\_

Birth date \_\_\_\_\_ **Grade for Fall 2024** \_\_\_\_\_

Allergies or medical concerns \_\_\_\_\_

I will provide snacks for my child **due to allergies**

T-shirt size (circle) Youth: XS S M L Adult: S M L

Church affiliation: \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Home phone number \_\_\_\_\_

Parents’ names \_\_\_\_\_

Phone numbers where parents can be reached during VBS:  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Person(s) authorized by parent (s) to pick up child \_\_\_\_\_  
\_\_\_\_\_

- A written note is required to be given to the teacher upon drop off regarding non-parent pick-up other than those listed above.
- See reverse side for Photograph Release Form

**USE OF PHOTOGRAPH RELEASE**

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give Wilmington Island Presbyterian Church, 450 N Cromwell Rd, Savannah GA the absolute and irrevocable right and permission, with respect to the photographs that may have been taken of me or my child or in which he/she may be included with others to use, re-use, publish, and re-publish the same, in whole or part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade, television and social media.

I hereby release and discharge WIPC from any and all claims and demands arising out of, or in conjunction with, the use of the photographs, including all claims for libel. This authorization and release shall also ensure the benefit of the legal representatives, licenses, and assigns of WIPC.

I hereby certify that I am the parent or guardian of the person named above.

**I do \_\_\_\_\_ give consent; I do not \_\_\_\_\_ give consent;** according to the terms listed above without reservations to the foregoing on behalf of him, her or them.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date