

**Wilmington Island Presbyterian
Vacation Bible School 2026**

June 1st – June 5th

9:00 a.m. to 12:00 p.m.

***Ages: 3 yrs. through rising 5th grade**

Cost: \$35 per child

Registration Deadline is

Sunday, May 8th

(Please register early; space is limited!)



For office use only:

Date received: _____

Payment received: Check # _____ Cash _____
_____ Pd On-Line

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 wipcc@bellsouth.net. **Payment Options:** cash or check are accepted in the office OR you may pay online by going to our website, wipcsav.org, click on the “Give Online” tab and follow the directions (***please use the “Other Payments” option... noting for VBS***). **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 2026** _____

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