

Vacation Bible School



June 28 – July 2, 2009

Ages: 4 yrs old (by Jan. 1, 2010) through 5th Grade

9am to Noon

First Child's Name _____ Grade Completed ___ Age ___ Gender: m / f Birth Date _____

Is there ONE friend your child needs to be with? _____

Allergies or special medical information we need to know: _____

Second Child's Name _____ Grade Completed ___ Age ___ Gender: m / f Birth Date _____

Is there ONE friend your child needs to be with? _____

Allergies or special medical information we need to know: _____

Parent's Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

E-mail address _____

Church you attend (if any) _____ Child attends Circle of Friends YES NO

Are you available to help? _____ Area of interest _____

I give permission for my child(ren) to participate in all VBS activities at or away from the church building and for program leaders to obtain any needed emergency medical treatment if I cannot be reached.

Parent's Signature _____

Name of Physician _____ Physician Phone _____

Photos of my child(ren) may ___ OR may not ___ be used in church publications and/or website.

Total amount enclosed _____ Registration Fee: \$20.00 per child, not to exceed \$45 per family.

In the event that the funds collected exceed VBS needs they will be used for other Children's Ministries activities.