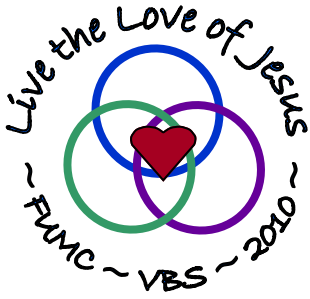


Payment: Check _____ Cash _____ Med Form _____ Group _____



VBS Registration

July 12-15 • 9am-Noon

4/5s thru 6th Grade

From May 1-June 20 registration is \$5/child.
From June 21 – July 4, registration is \$20/child.
Registration deadline is July 4, 2010.
Scholarships available.

You must fill out the Medical Authorization on the back of this form.

Parent/Guardian: _____

Address: _____

City _____ ZIP _____

School District _____ Home Church _____

Important: You will receive a registration confirmation email about VBS during the week prior to VBS. Please check your email for information about check-in times, pick-up location and group assignments. If you do not have email, you will be contacted by mail.

E-MAIL (PRINT CLEARLY): _____

Phone # 's: Home: _____ Cell: _____

List only children age 4-6th Grade. Volunteers needing childcare – please use Childcare Form.

Child 1: _____ DOB _____ Age: _____ Grade Completed _____

Child 2: _____ DOB _____ Age: _____ Grade Completed _____

Child 3: _____ DOB _____ Age: _____ Grade Completed _____

Child 4: _____ DOB _____ Age: _____ Grade Completed _____

Emergency Contact if we cannot reach you at the numbers above:

Name _____ Contact Info: _____

Persons authorized to pick up my child(ren) from VBS: _____