



VACATION BIBLE SCHOOL

JULY 26-30, 2010 · 9:15AM-12PM · REGISTRATION FORM

My child has completed:

- one year two years of preschool.
- grade _____.

Directions: PLEASE PRINT!

- Complete this form and return it to the church. Use a separate form for each child registering for VBS.
- A \$15 supply fee applies per child. **Register before June 30 and receive a \$3 discount!**
- Contact the church office with any questions

child's name	gender	age	DOB (MM/DD/YYYY)
special needs—What would you like us to know about your child?			
If possible, please assign my child to the same group as the following students/helpers (list no more than 2):			
• COMPLETE ALL APPLICABLE, AND CHECK MAIN CONTACT TO BE USED DURING VBS •			
<input type="checkbox"/> mother's name		phone/type (home, cell, work, etc)	
<input type="checkbox"/> father's name		phone/type	
<input type="checkbox"/> alternate caregiver's name/relationship		phone/type	
child's address			

In case of emergency, and if I can not be reached, please call:		
name	phone	relationship
allergies or other medical conditions		
child's doctor/clinic		doctor's phone
MEDICAL/SURGICAL RELEASE: I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment. But, if it is not practical to do so, I hereby give my permission to the physician selected by the VBS Staff to secure proper treatment for my child.		
parent/guardian		date

I want to stay in touch! Please send me future VBS news via: (check all that apply)		
<input type="checkbox"/> e-mail _____	<input type="checkbox"/> phone	<input type="checkbox"/> mail
<input type="checkbox"/> Contact me regarding church membership.	<input type="checkbox"/> Please do not contact me.	

I do do not give permission for my child's photo, without name, to be shown in a slide-show on BLC's website.

I want to volunteer and share God's Word! Please contact me.

For their safety, children are to be dropped off and picked up in the sanctuary each day of VBS.