



# VBS JULY 22-26

## 9am - 12:15pm 2019

- ✓ Elementary VBS for 1<sup>st</sup>- 4<sup>th</sup> graders (fall 2019)
- ✓ Preschool VBS for 3 - 5 years old (including K)

**Cost: \$5 per child, 3 years- 4<sup>th</sup> grade.**  
**To register:** turn this form, *with payment*, in at the children's welcome area or office.

**Family registration. We're registering for:**

- Elementary VBS, 1<sup>st</sup>-4<sup>th</sup> grades
- Preschool VBS, 3 years old-Kindergarten
- Children of Volunteers ONLY:**  
Free Childcare, infant - 2 years old

### Parent Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M F

Email \_\_\_\_\_

*Please print your e-address. This will be our main contact.*

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Mobile Phone \_\_\_\_\_

I'm interested in serving this week:  Yes or  No

I have students (8th grade & older) interested in serving this week:  Yes or  No

Please provide contact information for 2 people. In the event of an emergency, please call:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

At the end of the day, your child will only be released to you or the individuals listed here (please include first and last names): \_\_\_\_\_

### Child #1 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M F

Birthdate \_\_\_\_\_ Grade (entering fall 2019): \_\_\_\_\_

I'd like to be in a room with my friend: \_\_\_\_\_

Friend or Child of Parent listed above:  Friend or  Child

**Medical allergies / special needs.** Include information we need to know about your child, including medical allergies: \_\_\_\_\_

### Child #2 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M F

Birthdate \_\_\_\_\_ Grade (entering fall 2019): \_\_\_\_\_

I'd like to be in a room with my friend: \_\_\_\_\_

Friend or Child of Parent listed above:  Friend or  Child

**Medical allergies / special needs.** Include information we need to know about your child, including medical allergies: \_\_\_\_\_  
\_\_\_\_\_

### Child #3 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M F

Birthdate \_\_\_\_\_ Grade (entering fall 2019): \_\_\_\_\_

I'd like to be in a room with my friend: \_\_\_\_\_

Friend or Child of Parent listed above:  Friend or  Child

**Medical allergies / special needs.** Include information we need to know about your child, including medical allergies: \_\_\_\_\_  
\_\_\_\_\_

### Child #4 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M F

Birthdate \_\_\_\_\_ Grade (entering fall 2019): \_\_\_\_\_

I'd like to be in a room with my friend: \_\_\_\_\_

Friend or Child of Parent listed above:  Friend or  Child

**Medical allergies / special needs.** Include information we need to know about your child, including medical allergies: \_\_\_\_\_  
\_\_\_\_\_

### Child #5 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M F

Birthdate \_\_\_\_\_ Grade (entering fall 2019): \_\_\_\_\_

I'd like to be in a room with my friend: \_\_\_\_\_

Friend or Child of Parent listed above:  Friend or  Child

**Medical allergies / special needs.** Include information we need to know about your child, including medical allergies: \_\_\_\_\_  
\_\_\_\_\_