

**\*\*\*Must be 4 years old—6th Grade to participate.\*\*\***



# VBS 2010

**JUNE 14TH-18TH**

**9 A.M. TILL NOÖN**

**CÖST IS \$5.00 PER CHILD**

**TO PRE-REGISTER, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE KIDPARK CENTER OR MAIL IT TO THE CHURCH OFFICE. IT MUST BE RECEIVED BEFORE JUNE 9TH IN ORDER TO BE INCLUDED WITH EARLY REGISTRATION.**

**CHECK-IN WILL BEGIN AT 8:30 A.M. ON MONDAY, JUNE 14TH IN THE MAIN ATRIUM.**

**PLEASE COMPLETE ONE FORM FOR EACH CHILD ATTENDING.**

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_ LAST SCHOOL GRADE COMPLETED: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME CHURCH \_\_\_\_\_

SIBLINGS ATTENDING VBS THIS YEAR OR FRIENDS: \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

**OTHER ADULT PICK-UP AUTHORIZATION:** :I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO BE PICKED UP FROM CHRIST CHURCH VBS BY THE FOLLOWING PERSONS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**ALLERGY CONCERNS OR SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**For office use only**

Amt Rcv'd \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Registered in System \_\_\_\_\_ Crew# Assigned: \_\_\_\_\_