



August 5th-9th 9-12^{NOON}

Name of child(ren) _____ Grade _____
 _____ Grade _____
 _____ Grade _____

Address _____ City _____ State _____ Zip _____

Email _____

Allergies/Health _____

Parent Name (s) _____ Home Phone(s) (_____) _____

Cell Phone(s) _____ Work Phone(s) (_____) _____

Emergency Contact _____ Emergency Phone (_____) _____

Cost: \$10.00/first child; \$5.00/each additional child; \$20/maximum per family

Yes, I am interested in helping out during VBS. *Please check all areas of interest.*
 teaching science/imagination games where needed

While volunteering, I will need childcare for my children not yet old enough to participate in VBS.

How did you hear about our Vacation Bible School Program?

I belong to the church I am a guest of _____

Other _____

Photographic Release

I, (print) _____
 give consent for any photograph(s) of my child(ren) to be used for promotional purposes.

Signed: _____