



V.B.S. REGISTRATION

PLACE: First Presbyterian Church

175 Lake Hollingsworth Dr.

WHO: All children 4 years of age (by June 1) through grade 5 graduates
(nursery care provided for younger children of volunteers)

\$20 Pre-Registration Supply Fee by June 15/ **\$30 Walk-in supply fee** on June 21

June 21 – 25, 9 AM – 12 Noon

Child's Name: _____ Contact Phone: _____
(please print) Last First

Birth Date: _____ June 2010 School Grade Completed: _____
Month Year

Parent/Guardian Name: _____ Home church: _____
(please print)

Address: _____ E-Mail: _____

Allergies or special medication information we should know: _____

"I give permission for my child to participate in all VBS activities at or away from the church building and for program leaders to obtain any needed emergency medical treatment if I cannot be reached."

Parent/Guardian Signature: _____

Name of Child's Doctor: _____ Dr.'s Phone No. _____

FOR FPC USE ONLY: PAID _____ WALK-IN _____ CREW # _____

Would Be Interested In Being A Volunteer: Yes ___ No ___