



2008 Vacation Bible School Registration



First Presbyterian Church, 515 Sunrise Ave. Roseville 95661

June 23rd—June 27th from 9:00 am – 12:00 noon

\$20.00 p/child or \$50.00 p/family (3 or more) **4 Yrs.** (by 6/23/08)-**entering 6th** Grade

T-SHIRT SIZE: ___ ExSm (2-4) ___ Sm (6-8) ___ Med (10-12) ___ Lg (14-16) ___ ExLg (18-20)(Ad.Sm.)

Child's Name: _____ Male ___ Female

Address: _____ Birth Date: _____/_____/_____

City: _____ Zip: _____ Home phone: _____

Email: _____ Cell phone: _____

4 yrs. as of 6/23/08 or Grade entering in Fall: 4 Yrs. K 1st 2nd 3rd 4th 5th 6th

Child of VBS worker ___ Yes ___ No

Allergies / Medical Conditions: If none, so state _____

Additional Emergency Contact Name & Phone # _____

Does child attend Church regularly? Yes No If "yes", where? _____

Is there **one** friend he/she would like to be grouped with? (**same grade**) _____

Please initial here if you do not want your child's picture to be used for VBS publication _____

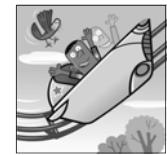
MEDICAL RELEASE: In case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of First Presbyterian Church the permission to act in my behalf to seek emergency medical treatment for my child in the event treatment should be needed. I give my permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary. I hereby absolve First Presbyterian Church, its agents/employees from any and all liability resulting from their conformance with these instructions.

PARENT'S PRINTED NAME

Signature of Parent/Guardian

Date

Amt. Pd./cash/check



2008 Vacation Bible School Registration



First Presbyterian Church, 515 Sunrise Ave. Roseville 95661

June 23rd—June 27th from 9:00 am – 12:00 noon

\$20.00 p/child or \$50.00 p/family (3 or more) **4 Yrs.** (by 6/23/08)-**entering 6th** Grade

T-SHIRT SIZE: ___ ExSm (2-4) ___ Sm (6-8) ___ Med (10-12) ___ Lg (14-16) ___ ExLg (18-20)(Ad.Sm.)

Child's Name: _____ Male ___ Female

Address: _____ Birth Date: _____/_____/_____

City: _____ Zip: _____ Home phone: _____

Email: _____ Cell phone: _____

4 yrs. as of 6/23/08 or Grade entering in Fall: 4 Yrs. K 1st 2nd 3rd 4th 5th 6th

Child of VBS worker ___ Yes ___ No

Allergies / Medical Conditions: If none, so state _____

Additional Emergency Contact Name & Phone # _____

Does child attend Church regularly? Yes No If "yes", where? _____

Is there **one** friend he/she would like to be grouped with? (**same grade**) _____

Please initial here if you do not want your child's picture to be used for VBS publication _____

MEDICAL RELEASE: In case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of First Presbyterian Church the permission to act in my behalf to seek emergency medical treatment for my child in the event treatment should be needed. I give my permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary. I hereby absolve First Presbyterian Church, its agents/employees from any and all liability resulting from their conformance with these instructions.

PARENT'S PRINTED NAME

Signature of Parent/Guardian

Date

Amt. Pd./cash/check