

# **2019 VBS Summer Camp Registration Form**

**July 22-26 & 28, 9 a.m. to noon for**

**kids age 3 through entering 6th grade (2019-20 school year).**

Youth entering 7th grade and older are encouraged to volunteer!

(All preschoolers must be potty-trained.) This form can be photocopied.

**\$25 per child/ \$60 family maximum**

Parent/Caregiver's Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church: \_\_\_\_\_

## **Children to Be Enrolled:**

Child's Name: \_\_\_\_\_

Goes By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Entering Fall 2019: \_\_\_\_\_

Shirt Size- please check one:

Child Size:  XS  S  M  L  XL

or Adult Size:  S  M  L  XL

Does your child have any allergies or other medical conditions we should know about?\*  No  Yes  
(If yes, please explain) \_\_\_\_\_

Check here if you were invited by a WPC member.

\* Please note that Westminster does not have a nurse on staff. Children must be able to be medically self-sufficient during the 3-hour camp day.

## **Alternative Emergency Contact Information:**

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship with Child: \_\_\_\_\_

## **Adults Authorized to Pick Up My Kids from VBS:**

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship with Child: \_\_\_\_\_

Parents/Caregivers are asked to help with one or more of the following: (Older youth are encouraged to volunteer as well!)

Please fill out a volunteer registration form.

Help during VBS week  
 Help with VBS preparations (props, decorations, registration, etc.)  
 Help decorate the week of July 15

Help with the VBS celebration on Sunday, July 29  
 Help tear down on Monday, July 29

**PHOTOGRAPHY NOTICE:** At Vacation Bible School, Westminster will take photographs and videos which may be used for promotion of our activities. When photographs or videos from Vacation Bible School are used, we will not identify children by their full names.

I understand  I do not wish my child's photograph taken

Registration will be complete when this form and fees are received in the church office.

Mail or bring this form to:

Westminster Presbyterian Church,  
4114 Allison Avenue, Des Moines, IA 50310

|                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| Office use only:                     | Amount Paid _____                       | Date Paid _____                      |
| <input type="checkbox"/> CD Received | <input type="checkbox"/> Check # _____  | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Cash        | <input type="checkbox"/> Friend: No Fee |                                      |