



2017 VBS Registration Form

Dates: Aug 7-11 Times: 9am-2:30pm M-Th and 9am-12pm Fri

****This year, VBS is for children going into K5 through those entering 7th grade****

Student's Name: _____ Grade in Fall 2017: _____
Student's Name: _____ Grade in Fall 2017: _____
Student's Name: _____ Grade in Fall 2017: _____
Student's Name: _____ Grade in Fall 2017: _____

Parent/Guardian Names:(1) _____ (2) _____

Email (1) _____ (2) _____

Street Address: _____ City/Zip: _____

Home phone: _____ Cell phone: (1) _____ (2) _____

Work phone: (1) _____ (2) _____

I'm willing to help during VBS! The days I'm available: M Tu W Th F

We are in need of financial assistance in order to attend.

We would like to help sponsor another child for VBS. An extra \$ _____ is included.

Emergency Contact: _____
(Name and Phone #)

Please list food allergies or other medical concerns: _____

I give permission to use my child's image for church-related publications (ie. newsletter, slide show, website).

I give permission for VBS staff to obtain medical care for my child until I can be reached.

Parent/Guardian signature: _____

Registration Fees and Deadlines

In order to plan for VBS, please return registration form and fees by Sunday, May 21st, 2017.

Early registration fee is \$25 per child Late registration fee is \$30 per child

Make checks payable to *Christ the King* and please write "VBS" in the memo line.

This amount is nonrefundable.

Staff Use Only

Date Paid: _____

Cash Amount: _____

Check #: _____

Received By: _____