Vacation **B**ible **S**chool!!!

presented by Carmichael Presbyterian Church

July 12 - July 16, 2010
8:45 AM-12:00 PM

$20.00 per child (scholarships available upon request)

Circle Grade Entering: Pre-K K 1 2 3 4 5 6

(Please Print)
Child's name_____ Age_____

Address _____ Birthday _____

City _____Zip_____ Phone # _____

E-mail _____

T-shirt size: Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____ Adult Small _____

Does your child attend Sunday school? Yes___ No ____ Where? _____

Mother's Name _____ Day Phone # _____

Father's Name _____ Day Phone # _____

Are parents' members of Carmichael Presbyterian Church? _____

If you cannot be reached during the hours of VBS please indicate an emergency phone number _____.

Does your child have allergies? _____ If yes, please explain _____

_____

In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of Carmichael Presbyterian Church to make such arrangements as he considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child, as he considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by a licensed physician or surgeon.

Please print Parents' Name _____

Signature of Parent or Guardian _____

Name of Physician _____

Physician's Phone # _____

If your child would like to be with a friend, please give his/her name: _____
Note: Classes cannot be changed on the 1st day of VBS.

Registration and payment must be received by July 1st to receive a t-shirt.

Office use: Amount paid_____ Check #/cash_____ T-shirt_____