

READY, SET, **MOVE!**

FOLLOW JESUS HERE,
THERE, AND EVERYWHERE

Vacation Bible School

July 10 - 14

5:00-7:30 p.m.

for kids age 4 - entering 6th grade

at Carmichael Presbyterian Church

\$20 per child

Scholarships available upon request

**NOW IN THE EVENING
INCLUDING DINNER!**



Carmichael Presbyterian Church

VACATION BIBLE SCHOOL 2023

July 10 - July 14

5:00-7:30 p.m.

Includes dinner!

\$20.00 per child (scholarships available upon request)

Circle grade entering: **Pre-K** **K** **1** **2** **3** **4** **5** **6**

Child's name _____ Age _____

Address _____ Birthdate _____

City _____ Zip _____ Phone # _____

E-mail _____

T-shirt size: ☐ Extra Small (4-6) ☐ Small (6-8) ☐ Medium (10-12) ☐ Large (14-16) ☐ Adult Small

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Name _____ Phone # _____

Are parents/guardians members of Carmichael Presbyterian Church? ☐ Yes ☐ No

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

Special Needs/Allergies/Other Important Information: _____

Medical Release: 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 s/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 s/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.

Print Parents' Name(s) _____ Parent/Guardian Signature _____

Name of Physician _____

Physician's Phone # _____

Photo Release: Carmichael Presbyterian Church has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Office use: Date Received _____ Amount Paid _____ Check #/Cash _____ T-shirt _____