

# 2009 VBS REGISTRATION

## FELTON PRESBYTERIAN CHURCH

6090 Highway 9

Felton, CA 95018

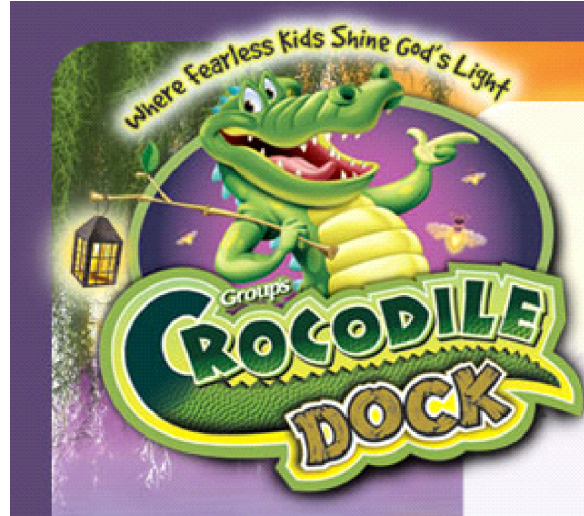
335-6900 or 335-3081

August 10<sup>th</sup> – 14<sup>th</sup>, 2:00 – 5:00 P.M.

Ages 3 yrs to 6<sup>th</sup> graders

Donation of \$15 each or \$40 per family

Need Jr. & Sr. High helpers with crafts, games and be crew leaders. (No Charge for helpers.)



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| Name of Child Enrolled | Age | Birth Date | Grade in Fall |
|------------------------|-----|------------|---------------|
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Parents Names \_\_\_\_\_

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Address \_\_\_\_\_

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Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

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| Emergency Name | Phone Number |
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### MEDICAL AUTHORIZATION (Must be signed by parent or guardian)

I hereby give my consent to any emergency medical or surgical care which may be needed and deemed necessary to my son/daughter named above while participating in Vacation Bible School, Aug. 10<sup>th</sup> – 14<sup>th</sup>, 2009. I understand a reasonable attempt will be made to contact me before use of this consent is made.

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in helping during VBS—Please call me: Yes \_\_\_\_\_

I will bring refreshments on Friday for the evening program-Please call me: Yes \_\_\_\_\_