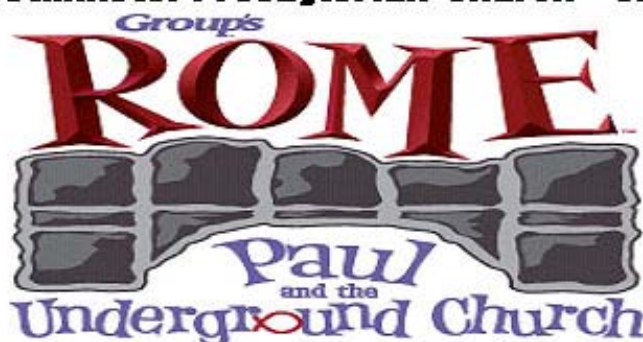


# Westminster Presbyterian Church - VBS 2009



## Dates and times:

August 3<sup>rd</sup> to August 7<sup>th</sup>  
8:45am to 12:15 pm  
Ages: 3 yrs thru 6<sup>th</sup> grade

Pre-registration required by July 27<sup>th</sup>

Please make checks payable to:  
Westminster Presbyterian Church

## Fees:

\$15 per child or  
\$25 per family  
(up to 3 children)

**NOTE: Each child MUST HAVE the separate Emergency Information form filled out by PARENT/LEGAL GUARDIAN, by the morning of Monday, August 3<sup>rd</sup>!**

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

Parent(s)/Guardian: \_\_\_\_\_

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

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

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

Home e-mail address: \_\_\_\_\_

Childs Age & Birthdate: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Home Church (if any): \_\_\_\_\_

*In case of emergency (when the parent/guardian cannot be reached) please contact:*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies (including food allergies) the VBS staff should be aware of: \_\_\_\_\_

*Person responsible for picking up this child at the end of each VBS day*

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Medical Authorization: I authorize the staff of Westminster's 2009 Vacation Bible School to obtain treatment for my child \_\_\_\_\_ if I cannot be reached in case of emergency.**

Child's Physician: \_\_\_\_\_ Medical Insurance Carrier \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**There will be nursery service available for infants and toddlers of parents who are assisting with VBS. ANY QUESTIONS CALL:** Sarah Papazian at 217-5385 or Jenn Bush at 271-5230 or 960-2130.  
You can also Register on-line beginning in May @[www.westminsterpc.com](http://www.westminsterpc.com)

**FOR STAFF ONLY**

Payment Received \_\_\_\_\_ Emergency Form \_\_\_\_\_