



Covenant Presbyterian Church
Vacation Bible School
 June 18-21; 3:30pm - 5:30pm
 Sharing songs in worship on June 24
 For 3 year olds through those going into
 5th grade in the fall of 2012

Family Last Name: _____

Parent/Guardian Names: _____

Home Address: _____

City: _____ Zip: _____ E-mail: _____

Home Phone: _____

Work Phone: _____ (optional)

Cell Phone: _____

Child's Full Name	Birth Date	Grade Fall '12	Food Allergies or Special Needs	Fee
1.				\$10/child* or \$20/family*
2.				
3.				
TOTAL (Make checks payable to: Covenant Presbyterian Church)				

*Scholarships available (see Donna Monson for more information)

Volunteer Opportunities

I will be an Activity Site leader for:

games crafts storytelling

I will be an Activity Site assistant for:

games crafts storytelling

I will help guide children from activity to activity.

I will help where needed most.

Please indicate the days available to help: All Specific days _____

MEDICAL RELEASE

Please list an alternate contact in case either parent cannot be reached.

Full name of alternate contact person: _____ Phone: _____

Relationship to Child: _____

Health Care Provider Name: _____ Phone: _____

Insurance Provider (information will remain confidential): _____

Subscriber or Group Number: _____

Preferred Hospital: _____

*I hereby give Covenant Presbyterian Church leaders permission to give my child(ren)
 medical attention, if I cannot be reached during VBS hours.*

Signature: _____ Date: _____

FOR VBS Volunteer Leaders and Assistants Only

I will need childcare for _____ children.

Please indicate which days are needed for childcare: Monday Tuesday Wednesday Thursday Friday

Names of children needing childcare _____