



Covenant Presbyterian Church
Vacation Church School
 June 13 –17; 3:00pm - 5:00pm
 Sharing songs in worship on June 19
**For 3 year olds through those going into
 6th grade in the fall of 2011**

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 '11	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 foodology (cooking/science)
- I will be an Activity Site assistant for:
 games crafts foodology (cooking/science)
- 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 VCS hours.*

Signature: _____ Date: _____

FOR VCS 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 _____