



BAOBAB BLAST VACATION BIBLE SCHOOL/BIBLE CAMP REGISTRATION 2010

July 19-23, 9:15 -11:45 a.m. • Children 4 years old to those entering 6th grade

Child's name _____ Grade in Fall '10 _____ DOB: _____ Nickname: _____

Parent name/s : _____ Address: _____ City: _____ ZIP: _____

Home phone: _____ Cell/work phone: _____ E-mail (required): _____

Home faith community (if not Grace Lutheran): _____

Registration: \$25/child or \$65/family w/ more than 2 children participating

MEDICAL EMERGENCY RELEASE PERMISSION: Physician's name/phone number _____

Allergies/Medical concerns:

I, the parent/guardian of _____ give my permission for him/her to participate in Grace Lutheran's VBS. In case of emergency and I cannot be reached, I also give my permission for him/her to receive medical treatment that is deemed necessary by medical staff.

Signed: _____ Date: _____

..... PARENTS PARENTS PARENTS PARENTS PARENTS

I can volunteer each day or I can volunteer the following days: Mon. Tues. Wed. Thurs. Fri.

I'd like to volunteer during the hours of VBS &/or I am available for set-up (7/18 following 11:00 service)

I need nursery care* for my child(ren) Name(s): _____ age(s) _____

(*Nursery care is available to **parent volunteers** only.)

..... Please submit form and payment (checks payable to Grace Lutheran Church) to church office

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