



Exploring the Mighty Love of God!

NPC VACATION BIBLE SCHOOL REGISTRATION SPACES ARE LIMITED REGISTRATION CLOSSES MAY 23, 2010

\$65 per child (SCHOLARSHIPS AVAILABLE)

OPEN TO 3 YEARS TO 5TH GRADE

(THREE YEAR OLD MUST HAVE COMPLETED A THREE'S PROGRAM)

____ **MORNING SESSION:** Tuesday June 23- Saturday 26 9 am- 12pm

____ **EVENING SESSION:** Day 1: Monday, June 19, Days 2-5 June 23-25 5-8pm

CHILD # 1 NAME _____ M____ F____
 GRADE COMPLETED _____ (As of June '10. Must have completed a threes program)
 NAME OF ONE FRIEND YOU'D LIKE IN YOUR CHILD'S GROUP. _____
 (WE WILL DO OUR BEST TO MTACH THEM UP BUT IT IS NOT ALWAYS POSSIBLE)
 ALLERGIES/OTHER MEDICAL CONDITIONS: _____
 DOES THIS CHILD TAKE MEDICATIONS REGULARLY? ____Y ____N IF YES PLEASE SPECIFY:

CHILD # 2 NAME _____ M____ F____
 GRADE COMPLETED _____ (As of June '10. Must have completed a threes program)
 NAME OF ONE FRIEND YOU'D LIKE IN YOUR CHILD'S GROUP. _____
 (WE WILL DO OUR BEST TO MTACH THEM UP BUT IT IS NOT ALWAYS POSSIBLE)
 ALLERGIES/OTHER MEDICAL CONDITIONS: _____
 DOES THIS CHILD TAKE MEDICATIONS REGULARLY? ____Y ____N IF YES PLEASE SPECIFY:

CHILD # 3 NAME _____ M____ F____
 GRADE COMPLETED _____ (As of June '10. Must have completed a threes program)
 NAME OF ONE FRIEND YOU'D LIKE IN YOUR CHILD'S GROUP. _____
 (WE WILL DO OUR BEST TO MTACH THEM UP BUT IT IS NOT ALWAYS POSSIBLE)
 ALLERGIES/OTHER MEDICAL CONDITIONS: _____
 DOES THIS CHILD TAKE MEDICATIONS REGULARLY? ____Y ____N IF YES PLEASE SPECIFY:

CHILD # 4 NAME _____ M____ F____
 GRADE COMPLETED _____ (As of June '10. Must have completed a threes program)
 NAME OF ONE FRIEND YOU'D LIKE IN YOUR CHILD'S GROUP. _____
 (WE WILL DO OUR BEST TO MTACH THEM UP BUT IT IS NOT ALWAYS POSSIBLE)
 ALLERGIES/OTHER MEDICAL CONDITIONS: _____
 DOES THIS CHILD TAKE MEDICATIONS REGULARLY? ____Y ____N IF YES PLEASE SPECIFY:

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MAILING/CONTACT INFORMATION

STREET ADDRESS _____ CITY: _____
PARENTS' NAME(S) _____ PREFERRED EMAIL: _____
HOME PHONE _____ PARENT/CARE GIVERS CELL PHONE: _____

EMERGENCY INFORMATION

CONTACT _____ PHONE _____ CELL _____
FAMILY DOCTOR _____ PHONE _____
HOSPITAL PREFERENCE _____

If you (the parents) cannot be reached at the time of an emergency, and if an immediate observation or treatment is urgent in the judgment of the Church/Vacation Bible School staff, do you authorize and direct that your child be accompanied to the hospital or doctor most accessible? YES _____ NO _____

INSURANCE COMPANY AND INSURANCE #: _____

ARE THERE ANY MEDICAL CONDITIONS, LEARNING STYLES, FAMILY SITUATIONS, OR SPECIAL NEEDS YOU FEEL WE SHOULD BE AWARE OF?

OTHER INFORMATION (BUT STILL IMPORTANT!)

____ I HAVE ENCLOSED AN ADDITIONAL DONATION FOR VBS SUPPLIES IN THE AMOUNT OF \$ _____

____ I WOULD LIKE TO SPONSOR A CHILD ENCLOSED IS AN ADDITIONAL DONATION IN THE AMOUNT OF \$ _____

____ I WOULD LIKE TO VOLUNTEER IN SOME CAPACITY. PLEASE CALL ME!

I GIVE PERMISSION FOR RELEASE OF MY CHILD'S IMAGE TO NPC CHILDREN'S MINISTRY OF ANY PHOTO AND/OR VIDEO'S RELATED TO VBS. (Please initial if you give consent).

I GIVE PERMISSION TO ALLOW PRAYER REQUESTS FOR MY CHILD. ONLY YOUR CHILD'S FIRST NAME WILL BE USED (Please initial if you give consent)

PARENT SIGNATURE _____ DATE: _____

THIS FORM, COMPLETED IN IT'S ENTIRETY WITH PAYMENT WILL SECURE YOUR SPOT. WE HAVE A LIMITED NUMBER OF SPOTS SO READ CAREFULLY AND PLEASE SIGN UP AS SOON AS POSSIBLE.

NO REFUNDS AFTER MAY 31, 2009