



POWER LAB
Discovering Jesus' Miraculous Power!
 THE NOROTON PRESBYTERIAN CHURCH
 VACATION BIBLE SCHOOL REGISTRATION
\$65 per child

SCHOLARSHIPS ARE AVAILABLE

_____ **MORNING SESSION:** June 23-27 9:00am- 12pm _____ **EVENING SESSION:** JUNE 22-26 5:00-8:00pm

CHILD'S NAME _____ M _____ F _____

BIRTHDATE _____ AGE _____ GRADE COMPLETED _____
 (As of June '08. Must have completed a threes program)

HOME ADDRESS (Including Zip Code) _____

PARENTS' NAME(S) _____ E-MAIL _____

BEST WAY TO CONTACT YOU: HOME PHONE _____ WORK _____ CELL _____

DROP OFF/PICK UP PERSON _____ PHONE _____

PARENT COMMITMENT

Number of **Days**: _____ 5 We cannot run this without your help!
 _____ Other (Please volunteer) Which? ___Su___M___T___W___Th

Number of **Evenings**: _____ 5 We cannot run this without your help!
 _____ Other (Please volunteer) Which? ___Su___M___T___W___Th

Age Group: _____ Preschool _____ Elementary

Someone You'd Like to Work With: _____

JOB PREFERENCE (Please ✓)

Crew Leader (move with kids, 5-days): _____ Elementary

Special Stations/Teams: _____ Dinner (pm only) _____ Bible _____ Crafts _____ Photographer/Videographer
 _____ Snack (am only) _____ Games _____ Chadder _____ Banner

Pre Jobs: _____ Set-up (1 week prior) _____ Decorating Team (1 week prior)

Post Jobs: _____ Take-down/Clean-up (last day)

CHILDCARE ONLY FOR *MORNING* VOLUNTEERS (6 months-2 years). Contact Barbara Tiscia, 655-1451, ext. 15. ALL NPC TOT DROP FORMS **MUST BE COMPLETED TWO FULL CALENDAR WEEKS BEFORE VBS** BEFORE WE CAN ACCEPT YOUR CHILD.

MINI VBS (for 2- & 3-year old children of **5 day Morning** volunteers). Cost \$40 Contact Barbara Tiscia, 655-1451, ext. 15. Please fill out the attached form. ALL NPC TOT DROP FORMS **MUST BE COMPLETED BEFORE WE CAN ACCEPT YOUR CHILD.**

PLEASE FILL OUT INFORMATION ON THE BACK

SIBLINGS ATTENDING (*Name and age*) 1. _____ AGE _____
ONE FORM FOR EACH CHILD 2. _____ AGE _____
3. _____ AGE _____

IDENTIFY ONE FRIEND TO BE IN YOUR CHILD'S GROUP.

1. _____

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 #: _____

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? YES _____ NO _____

If yes please specify: _____

IS YOUR CHILD ALLERGIC TO ANYTHING? YES _____ NO _____ Please list each allergy: _____

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

IF YOU WOULD LIKE TO MAKE A DONATION FOR VBS SUPPLIES, PLEASE INCLUDE AN ADDITIONAL DONATION.

ALSO, IF YOU WOULD LIKE TO SPONSOR A CHILD, PLEASE INCLUDE AN ADDITIONAL DONATION.

PARENT SIGNATURE _____ DATE: _____

**A COMPLETED FORM AND CHECK WILL SECURE YOUR SPOT
NO REFUNDS AFTER MAY 31, 2008**