

Los Altos United Methodist Church
Vacation Bible School 2010
June 14th – 18th

655 Magdalena Ave. Los Altos, CA 94024
(650) 948-1083 fax (650) 949-5372
www.laumc.org



"The Lord is my strength and my might." Psalm 118:14a

Come and join us for an adventurous week of fun with games, arts and crafts, music, drama, snacks, Bible stories, animal stories, and adventures!

CARING FOR GOD'S CREATION

- **Monday – It's All About Trust**
- **Tuesday – Love Never Fails**
- **Wednesday – Follow His Footsteps**
- **Thursday - Care For One Another**
- **Friday – Share With Others**

Young Explorers Program 9:30am – noon

3 ½ * years old through 3rd grade

* child must be 3 by 12/01/09 and toilet trained to participate

Adventure Team Program 9:30am – 2:30pm

4th through 6th grade extended program in the Garden Room

Applications will be available in our church office and Children's Center preschool and website. Registration closes May 2nd or when classes are full

Weekly fee due upon registration

Young Explorers weekly fee \$70

Adventure Team weekly fee \$ 95

LAUMC Vacation Bible School June 14 - 18, 2010

655 Magdalena Avenue, Los Altos, CA 94024 (650-948-1083) fax (650-949-5372)

Application for Registration

Turn registration form and check into the church office.

Registration for more than one child per family may be combined on one check.

One registration form must be completed for each child attending VBS.

Age and Grade Levels as of this 2009-2010 school year (ending in June 2010)

YOUNG EXPLORERS PROGRAM

9:30am – noon / 3 1/2 *years – 3rd grade

\$70.00 per child

*child must be 3 by 12/09 and toilet trained

ADVENTURE TEAM PROGRAM

9:30 am – 2:30pm / 4th – 6th grade

\$95.00 per child

Make checks payable to LAUMC VBS

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Child's Name _____ Female _____ Male _____

Home Address _____ City _____ Zip _____

Home Phone _____ Birth date _____

Child's 2009/10 school grade level ENDING IN JUNE 2010: _____ (NOT the grade entering fall 2010)

If enrolled in preschool age of class this year _____

Mother's name _____ Mother's email _____

Mother's cell phone _____ Mother's work phone _____

Father's name _____ Father's email _____

Father's cell phone _____ Father's work phone _____

Child's T-shirt size: Child XS (2-4) S (6-8) M (10-12) L (14-16)

Adult Volunteer t-shirt size: Adult S (34-36) M (38-40) L (42-44) XL (46-48)

LAUMC's Vacation Bible School depends on volunteers like you to offer an amazing program for our children. We are asking each family to provide adult participation in some way. **Please indicate below how you can help.** Child care will be available upon request during the week of VBS for all volunteers.

<i>In the weeks before VBS I will help with:</i>	<i>During the week of VBS I will help with:</i>
___ Craft Preparation	___ Teacher -Age group desired (____)
___ Room and Creekside Decorations	___ Classroom Aide - Age group desired (____) Days able to work: <u>minimum 2 days required</u> Circle: M T W TH F
<i>After VBS I will help with:</i>	___ VBS Photographer
___ Clean-up and organization of supplies	___ Snack Preparation & Delivery

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I give my permission for my child to attend Vacation Bible School at Los Altos UMC on June 14 -18, 2010. I understand that enrollment fees are non-refundable.

Parent Signature _____ Date registered _____

If you have any questions about Vacation Bible School please contact Lisa Conway at (650) 948-1083 x153 or lisaconway@laumc.org

VBS 2010 REGISTRATION PAGE 1 – PLEASE COMPLETE BOTH SIDES OF THIS FORM

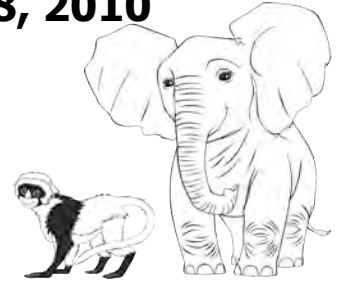
Please complete both sides of this form

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**LAUMC Vacation Bible School June 14 – 18, 2010
CARING FOR GOD'S CREATION**

**Application for Registration
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Emergency Information**



People other than parents authorized to pick up your child from VBS. (Children will not be allowed to leave with any other person without authorization from parent or guardian.)

Name	Phone Number	Relationship to Child
1)		
2)		
3)		

In the event of an emergency and neither parent can be contacted, please contact:

Name	Phone Number	Relationship to Child
1)		
2)		
3)		

Initial here if you DO NOT want your child's photo used in any Church media: _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Allergies _____

Current Medications _____ Last Tetanus shot _____

If a medical or dental emergency should arise while my child is at Vacation Bible School, June 14 – 18, 2010, and I cannot be contacted, I hereby give permission to the director and/or staff members of Vacation Bible School, to order treatment for my child.

Parent/Guardian Signature _____

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FOR OFFICE USE ONLY

Date Received

Check #

Check Amount

Age Group

Color