

# LAUMC Vacation Bible School June 16-20, 2008

*GROWING THE FRUIT OF THE SPIRIT*

## Application for Registration

**Make checks payable to LAUMC – VBS**

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.

**Little Sprouts Program (3 1/2 years\* – 3<sup>rd</sup> grade)      Saplings Program (4<sup>th</sup> – 6<sup>th</sup> grade)**

**Age and Grade Level are as of 2007-2008 school year**

\* child must be 3 by 12/3/07 and toilet trained to participate

**9:30am – noon**

**9:30 am – 2:30pm**

**\$ 55.00/week**

**\$ 85.00/week**

Child's Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_

2007-2008 school year grade \_\_\_\_\_

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 create a dynamic and engaging program for all of 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
___ Costume Preparation	___ VBS Photographer
	___ Snack Preparation & Delivery
<b><i>After VBS I will help with:</i></b>	___ Music -Instrument played (____)
___ Clean-up and organization of supplies	___ T-Shirt Orders

I give my permission for my child to attend Vacation Bible School at Los Altos UMC on June 16 -20, 2008. 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](mailto:lisaconway@laumc.org)

VBS 2008 REGISTRATION PAGE ONE

**Please complete both sides of this form**

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## GROWING THE FRUIT OF THE SPIRIT

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### Page Two

### 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 16 – 20, 2008, 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