



REGISTRATION FORM
 Cooperative Vacation Bible School
 The National Presbyterian Church
 July 10 - 14, 2006
 10:00 a.m. to 1:00 p.m.



SanTreasure Island: Discovering God's Love

**PLEASE FILL OUT A REGISTRATION FORM FOR EACH ATTENDING CHILD
 (NURSERY THROUGH RISING 5TH GRADERS)**

Child's Name: _____ Child's age as of 7/10/06: _____
 Date of Birth: _____ Child's grade* in Sept. 2006: _____
 Parent Name(s): _____ Home Phone: _____
 Email Address: _____
 Home Address: _____

Registration Fee:	\$20 per child, or \$50 maximum per family
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T-Shirt (optional): (circle size)	\$12 each				
	Child:	X-Small (2-4)	Small (6-8)	Medium (10-12)	Large (14-16)
	Adult:	Small	Medium	Large	

<i>SanTreasure Island</i> music and songs (optional):	\$5 each	(circle choice)	Tape	CD
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Contribution to VBS Scholarship Fund (help others!):	\$20/child sponsored
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Check <input type="checkbox"/> or Cash <input type="checkbox"/> enclosed	TOTAL ENCLOSED: \$
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Check preferred area of assistance with this year's Cooperative Vacation Bible School:

_____ Arts and Crafts	_____ Teacher	_____ Artist/Sign Painter	_____ Asst. Teacher
_____ Pianist	_____ Snack Assistant	_____ Childcare	_____ Recreation
_____ Errands	_____ Publicity	_____ Floater	_____ Advance/Prep.
_____ Other (specify):			

*Nursery through 2s Class available to on-site volunteers only

Please send this form and payment by 6/15/06 to:

**The National Presbyterian Church
 4101 Nebraska Avenue NW
 Washington, DC 20016
 Attention: Mary Ellen Cain**

For further information please contact Vacation Bible School Co-Chairs
 Amy Thompson at 202.364.3270 or mrsamythompson@netscape.net
 Sherry Waldrep at 301.927.7966 or sherry_waldrep@hotmail.com
 Beth Wallinga at 202.667.2491 or waldal@earthlink.net

Space is limited - first come, first served,

SONTREASURE ISLAND 2006
DISCOVERING GOD'S LOVE
July 10 - 14, 2006
Emergency Contacts and Medical Authorization

Child(ren)'s name(s)

1. _____
2. _____
3. _____
4. _____

Parents' phone information

Home: _____ Work: _____ Other: _____

Health information of concern to staff (allergies, dietary restrictions, etc.):

MEDICAL AUTHORIZATION:

In the even of accident, injury or illness, I authorize any and all medical attention necessary to be administered to my child(ren), listed above, under the direction of the following medical professionals:

Physician's name(s) and address(es):

Physician's phone number(s):

Medical Insurance Company:

Policy #:

Group or ID #:

Other contacts in the event of emergency:

Name:

Relationship:

Phone:

_____	_____
_____	_____
_____	_____

Signature

Date

National Presbyterian Church
Vacation Bible School 2006
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AUTHORIZATION FOR RELEASE OF CHILD

I authorize the following person(s)* to pick up my child,

_____ /
child's name

after Vacation Bible School at the National Presbyterian Church (please list
parent names as well as other authorized adults):

Person's Name	Relationship to Child

**Any authorized person must be at least in 8th grade.*

Please note that teachers cannot release your child to anyone who is not listed on this form. All persons picking up children will be required to initial a dismissal record each day for each child.

Parent's Signature

Parent's Contact Number

Date