



REGISTRATION FORM
 COOPERATIVE Vacation Bible School
 The National Presbyterian Church
 July 9 - 13, 2007
 10:00 a.m. - 1:00 p.m.

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

Childs' Name: _____ Child's age as of 7/9/07: _____

Date of Birth: _____ Child's grade* in Sept. 2007: _____

Parent's name(s): _____ Home phone: _____

Home address: _____

Email address: _____

Registration Fee: \$20 per child, or \$50 maximum per family

T-Shirt (optional):	\$12 each				
(circle size)	Child:	X-Small (2-4)	Small (6-8)	Medium (10-12)	Large (14-16)
	Adult:	Small	Medium	Large	

SonForce Kids music and songs (optional): **\$5 each** (circle choice) Tape CD

Check or Cash **TOTAL ENCLOSED: \$**

Check preferred area of assistance with this year's Cooperative Vacation Bible School:

<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Teacher	<input type="checkbox"/> Advance/Prep	<input type="checkbox"/> Recreation
<input type="checkbox"/> Asst. Teacher	<input type="checkbox"/> Snack Asst.	<input type="checkbox"/> Childcare	<input type="checkbox"/> Floater
<input type="checkbox"/> Errands	<input type="checkbox"/> Publicity	<input type="checkbox"/> Other (specify): _____	

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

Please send this form and payment by 6/15/07 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
 Julie Gould at 202.965.2140 or jag21363@aol.com
Space is limited - first come, first served.

SONFORCE KIDS SPECIAL AGENTS 2007

July 9-13, 2007

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



The National Presbyterian Church
Vacation Bible School 2007

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 6th 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