



**Registration Form**  
 Vacation Bible School  
 The National Presbyterian Church  
 July 12 — 16, 2010  
 9:30am — 1:00pm  
 (Drop off begins at 9:00)

PLEASE FILL OUT A REGISTRATION FORM FOR EACH CHILD ATTENDING

(NURSERY THRU RISING 5<sup>TH</sup> GRADERS) Nursery thru 2s class available to on-site volunteers only

Child's Name: \_\_\_\_\_ Child's age as of 7/12/10: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Child's grade in Sept. 2010: \_\_\_\_\_  
 Parent Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

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

*SonQuest Rainforest* CD of songs/music (optional): \$7 each

**T-Shirt (optional) \$12 each**

<b>T-Shirt size:</b>	Child XS (2-4)	Child S (6-8) Adult S	Child M (10-12) Adult M	Child L (14-16) Adult L
----------------------	----------------	--------------------------	----------------------------	----------------------------

Check  or cash  enclosed      **TOTAL ENCLOSED: \$ \_\_\_\_\_**

Check preferred area(s) of assistance with VBS:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Decorating (pre-VBS)   | <input type="checkbox"/> Preschool Class Leader | <input type="checkbox"/> Elementary Class Leader | <input type="checkbox"/> Class Assistant |
| <input type="checkbox"/> Bible Story Teacher    | <input type="checkbox"/> Recreation             | <input type="checkbox"/> Crafts                  | <input type="checkbox"/> "Floater"       |
| <input type="checkbox"/> Kids' Snack Server     | <input type="checkbox"/> Adult Snacks           | <input type="checkbox"/> Childcare               | <input type="checkbox"/> Advance Prep    |
| <input type="checkbox"/> Other (specify): _____ |   |  |  |

**Please send this form and payment by 6/30/2010 to:**

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

**All children must be registered prior to 7/8/2010.  
 No walk-in registrations, please.**

Have questions? Need more info? Please contact Jill Williams at 202.537.7535 or [jwilliams@nationalpres.org](mailto:jwilliams@nationalpres.org)

**Space is limited and classes fill quickly. Register today!**

**SONQUEST RAINFOREST VBS**  
**July 12-16, 2010**  
**Emergency Contacts and Medical Authorization**

**Child(ren)'s Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Known allergies/health conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL AUTHORIZATION:**

**In the event 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 name(s) and address(es):** \_\_\_\_\_

\_\_\_\_\_

**Physician phone number(s):** \_\_\_\_\_

**Medical Insurance**

**Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Group or ID #:** \_\_\_\_\_

**Other contacts in the event of an emergency:**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# The National Presbyterian Church Vacation Bible School 2010

## AUTHORIZATION FOR RELEASE OF CHILD

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

\_\_\_\_\_,  
child/children name

after Vacation Bible School at The National Presbyterian Church (please list parent names, including yourself if appropriate, as well as other authorized adults):

Person's Name	Relationship to Child

*\*Any authorized person must be at least in 6<sup>th</sup> 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