

2013 VACATION BIBLE SCHOOL REGISTRATION FORM



Aug. 5-7 (9-Noon)

Sometimes in the midst of the routine and everyday, we suddenly experience the wonder of God. We're surprised. We're grateful. We say, "WOW!" At the Workshop of Wonders VBS, your children will discover their own "WOW!" moments as they explore how to imagine and build with God.

___ I am willing to help (please circle) 8/5 8/6 8/7

Parent/Guardian Name: _____

Phone #s _____

Address: _____

Emergency Contact #: _____

1. Child's Name: _____ Grade: _____

Allergies/Other information _____

* Please put my child in the same group as _____

2. Child's Name: _____ Grade: _____

Allergies/Other information _____

* Please put my child in the same group as _____

3. Child's Name: _____ Grade: _____

Allergies/Other information _____

* Please put my child in the same group as _____

** Groups are mixed age. You can ask that your children be together or that they be in the same group with other children of their choice. We'll do our best to accommodate!*

Office Use Only: Fee Paid \$ _____ Cash _____ Check # _____