





# VBS & Day Camp Registration Form

July 18 - 22, 2011  
*The River of Life!*

Parent/Guardian 1: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_ Member?  Y  N

I heard of the VBS Program at Holy Spirit through: \_\_\_\_\_

**CHILDREN REGISTERING FOR VBS (MUST BE 4 YEARS OLD BY 06/01/11)**

**Student 1:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_

Any special needs we should be made aware of? \*  Y  N If yes, please specify: \_\_\_\_\_

T-Shirt Size  x-small  small  medium  large One Friend: \*\*

**Student 2:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_

Any special needs we should be made aware of? \*  Y  N If yes, please specify: \_\_\_\_\_

T-Shirt Size  x-small  small  medium  large One Friend: \*\*

**Student 3:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_

Any special needs we should be made aware of? \*  Y  N If yes, please specify: \_\_\_\_\_

T-Shirt Size  x-small  small  medium  large One Friend: \*\*

\* Such as food allergies, physical/mental challenges, learning disabilities, first time away from home, custody arrangements, etc.

\*\* If your child wants to be grouped with a friend, we will do our best. The other child must be in the same grade and we can only accommodate one friend request per person.

COST***	VBS (4YR - 3RD GRADE)		DAY CAMP (4TH - 6TH GRADE)	
	First child	Per additional child from same family	First child	Per additional child from same family
<b>EARLY REGISTRATION</b> (received by June 16th)	\$40	\$25	\$110	\$90
<b>LATE REGISTRATION</b> (received June 17th - July 18th)	\$50	\$35	\$130	\$110

\*\*\*Scholarships available

**REGISTRATION FORM + PAYMENT RESERVES YOUR SPOT.**

Mail this form, with payment to: Holy Spirit Lutheran Church Attn: VBS 10021 NE 124th St. Kirkland, WA 98034

\_\_\_\_\_ (PARENT/GUARDIAN INITIAL) I give my permission to Holy Spirit Lutheran Church to use photographs of my child in its public displays or media releases. I understand these photographs will not be sold or used for commercial purposes.

**IF I CANNOT BE REACHED, I GIVE PERMISSION FOR VBS STAFF TO CALL FOR MEDICAL ASSISTANCE AND/OR TRANSPORT MY CHILD TO A LOCAL MEDICAL FACILITY AND SEEK TREATMENT BETWEEN THE DATES OF JULY 18-22, 2011.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Holy Spirit Lutheran Church use only:*

Registration Received \_\_\_\_\_ Payment \_\_\_\_\_ CD \_\_\_\_\_