



# Covenant Presbyterian Church

## VBS Registration Form

June 10-14, 2019

9:00 AM – 12:00 PM

VBS is \$10 per participant. Please make checks payable to Covenant Presbyterian Church and put "VBS" in the memo.

**Registration forms are due by May 24, 2019.**

1) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_

2) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_

3) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_

4) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Regularly attend church? \_\_\_\_\_ Where? \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone (hm) \_\_\_\_\_ Phone (wk) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Emer. Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Invited by \_\_\_\_\_

CDC student?  Current  Former

### Medical Release

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Known Conditions	Allergies	Additional Info
1.			
2.			
3.			
4.			

In case of a medical emergency\*, I hereby give my permission to the physician selected by the VBS Director(s) to secure proper treatment and/or hospitalization for child(ren), \_\_\_\_\_.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

*\*The VBS Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.*

### T-SHIRTS

Please note the quantity of each shirt you would like to order.

YOUTH XS (4-6) \_\_\_\_\_ S (6-8) \_\_\_\_\_ M (10-12) \_\_\_\_\_ L (14-16) \_\_\_\_\_  
 ADULT S (34-36) \_\_\_\_\_ M (38-40) \_\_\_\_\_ L (42-44) \_\_\_\_\_ XL (46-48) \_\_\_\_\_ XXL (50-52) \_\_\_\_\_

**Please turn in registration forms to the church office or the registration coordinator, Page Wasilewski. CDC Families may turn in their forms to Meghan Streets. Thank you!**

PAID