



WESTMINSTER  
PRESBYTERIAN CHURCH

## Vacation Bible School



**It will be a HOOT!**

Preschool – 5<sup>th</sup>

August 5 – 9

Only \$25.00

**Come and  
join the FUN ...**  
**9:00 a.m. -12:00**

**REGISTRATION FORM due BY JULY 31**

Name of Parent(s)/Guardian (please print): \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

E-MAIL: \_\_\_\_\_

Phone: Home \_\_\_\_\_ (Wk) Father \_\_\_\_\_ (Wk) Mother \_\_\_\_\_

(Cell) Father \_\_\_\_\_ (Cell) Mother \_\_\_\_\_

**I am available to assist leaders in the mornings (9:00-12:00):** Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_

**I can help on Friday for the celebratory lunch and Capitol Park field trip at 10:00** Yes \_\_\_\_\_ No \_\_\_\_\_

### Persons authorized to PICK UP my child

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

### CHILD (REN) WHO WILL BE ATTENDING

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_

**Allergies/Medications** \_\_\_\_\_ **Health concerns:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_

**Allergies/Medications** \_\_\_\_\_ **Health concerns:** \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Health concerns: \_\_\_\_\_

**MEDICAL INSURANCE COMPANY OF PARTICIPANTS**

Insurance Company \_\_\_\_\_ Member's Name \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Children's Medical /policy # if different from parent:

Child's name \_\_\_\_\_ Number \_\_\_\_\_

Child's name \_\_\_\_\_ Number \_\_\_\_\_

Child's name \_\_\_\_\_ Number \_\_\_\_\_

**PLEASE LIST TWO EMERGENCY CONTACT PERSONS OTHER THAN PARENT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\* \* \* \* \*

**Can your child be included in photographs and/or videos we will take during the week?** Yes \_\_\_\_\_ No \_\_\_\_\_

**I give permission** for the above named child/children to be involved at Westminster Presbyterian Church for activities in the Vacation Bible School, August 5 – August 9, 2013, and for church activities at Capitol Park between L and N Streets in Sacramento.

**I hereby release** Westminster Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that by child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of these activities, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

**Signature** of Parent/ Guardian. \_\_\_\_\_ **Date** \_\_\_\_\_

**MAIL, EMAIL, OR FAX COMPLETED REGISTRATION FORM**

**MAIL CHECK TO:**

Westminster Presbyterian Church c/o VBS  
1300 N Street, Sacramento, CA 95814

**Email:** [secretary@westminsac.org](mailto:secretary@westminsac.org)

**Fax 447-5729**

\$25 per child (Campserships available upon request) \*\* For further information: (916) 442-8939 ext: 309