

**VBC REGISTRATION PROCESSING SCHEDULE:**

FPCSM & KC Families: **Feb. 15-March 15, 2016**

Returning VBC Students: **March 16-April 15, 2016**

New Students based on space availability beginning **April 16, 2016**

**FOR OFFICE USE ONLY:**

Amount paid: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_

Entered: \_\_\_\_\_

**FIRST PRESBYTERIAN CHURCH SAN MATEO  
VACATION BIBLE CAMP REGISTRATION**

**July 11-15, 2016 – 9:00am-12:30pm\***

*\* Pre-K 4-year-old program ends at 12:00pm. Playground is open for parents and preschoolers to play while waiting for older siblings to be dismissed at 12:30pm.*

**Register early!** A registration fee of \$85 per child is requested to help cover costs. **Space fills quickly!**  
 (Includes T-Shirt & Music CD (1 CD per family))  
 For 2 or more children per family, the first child is \$85, additional children are \$80 each.  
 Make checks payable to FPCSM. Call 345-1633 x225 for scholarship information.

Last Name	First Name	Date of Birth	Male / Female	Grade for 2015-2016 School Year	T-Shirt Size
			M F	PreK-4 K 1 2 3 4 5 6	Child: XS S M L Adult: S M
			M F	PreK-4 K 1 2 3 4 5 6	Child: XS S M L Adult: S M
			M F	PreK-4 K 1 2 3 4 5 6	Child: XS S M L Adult: S M
			M F	PreK-4 K 1 2 3 4 5 6	Child: XS S M L Adult: S M

Parents Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 (Street) (City) (Zip)

Cell / Work Phone(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Church Home or Denomination (if any): \_\_\_\_\_

**Parental Permission for Participation and for Emergency Treatment**

NOTE: For legal and insurance purposes, parents are required to give their permission for their children to participate in church-sponsored activities. I/We understand that my/our child(ren) will be under adult supervision at all times during Everest VBC. Participants or parents of children participating in church-sponsored activities covered by church insurance are financially responsible for medical, hospital and pharmaceutical expenses above the amount paid by the insurance company for any injury or illness sustained on activities sponsored by the church. In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my child(ren).

Allergies/Special Needs: \_\_\_\_\_

Friends Requests: \_\_\_\_\_

If parents cannot be reached, please notify the following person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Participants may be photographed during Everest VBC at FPCSM. These photos may be used anonymously for promoting or sharing activities from Children's Ministry in printed materials and/or electronically on the church website. For more information contact the Children's Ministry Office at 650/345-1633 x225.*