

HAMBLEN PARK PRESBYTERIAN CHURCH VBS

June 27-July 1, 2016 TIME: 9:00-12:00 noon

AGES: Children aged 2 through those completing 5th Grade

Child's Last Name:	Name:First Name		Gender		
Birth date/ f your chi	ld was born after 8/31/2013 we	look forward to enrolling them n	iext year		
School Attended		Grade Just Completed	_		
Parent/Guardian Name(s)		Phone # (H)	(W)	(C)	
Street Address		City		Zip	
Parent/Guardian email Address		Home Church (if applicable)			
If possible (NO GUARANTEES!), please plac	ce my child in the same class as				
List Allergies (food or airborne)					
Is the allergy Life Threatening? Yes	No				
Health Conditions List any health conditions or special need	ls your child has (be specific). We wi	ll contact you personally so that we	may best accommodat	te your child.	
Daytime Emergency Contact		Phone #			
Persons authorized to pick up my child af	ter VBS				
Please drop off completed registration Hamblen Park Presbyterian Church; 4 Additional registration forms are avai	102 S Crestline St; Spokane, WA 9	19203	e or mail to:		
COST (inc	ludes T-shirt):\$20 per : If received after June	student/\$40 per family 13, 2016 cost is <u>\$</u>30]	•	usic CD	
Registration Payment	\$	T-Shirt size: (childr	ren's) \$ M	L (adult) S	
Music CD \$5	\$				
Total Amount	\$				
I give permission for my child		nows.	obtain and authorize en	nergency medical care if warranted	
Parent/Guardian Signature		Date			
Prior to the start of VBS, a confirmation v	will be sent to you with more inform:	ation.			