



# HAMBLLEN PARK PRESBYTERIAN CHURCH VBS

June 27-July 1, 2016

TIME: 9:00-12:00 noon

AGES: Children aged 2 through those completing 5<sup>th</sup> Grade

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ If your child was born after 8/31/2013 we look forward to enrolling them next year

Toilet trained please

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 place 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 needs your child has (be specific). We will contact you personally so that we may best accommodate your child.

Daytime Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Persons authorized to pick up my child after VBS \_\_\_\_\_

Please drop off completed registration form and check made out to HPPC by June 13 at the church office or mail to:

Hamblen Park Presbyterian Church; 4102 S Crestline St; Spokane, WA 99203

Additional registration forms are available from the church website at [www.hamblenpres.org](http://www.hamblenpres.org)

**COST (includes T-shirt):\$20 per student/\$40 per family plus \$5 for music CD**

**If received after June 13, 2016 cost is \$30 per student**

Registration Payment \$ \_\_\_\_\_

T-Shirt size: (children's) S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ (adult) S \_\_\_\_\_

Music CD \$5 \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

- I give permission for my child to participate in VBS events June27-July 1, 2016
- I give permission for my child to be photographed for VBS slide shows.
- I give Hamblen Park Presbyterian Church permission to take whatever steps may be necessary to obtain and authorize emergency medical care if warranted and the emergency contact person cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Prior to the start of VBS, a confirmation will be sent to you with more information.