

**Flagstaff Federated Community Church - 2009 Vacation Bible School
Registration Form**

Date: Monday, June 15 to Friday, June 19

Time: 9:00 a.m. to 12:00 p.m.

Ages: 4 years to rising 6th graders (~ 11 years)



Please return this form to Karen Appleby at her church office, by Monday, June 1, 2009 with payment of \$10.00 per child. If the form is returned after June 1, the registration fee is \$15.00 per child. There is a maximum family fee of \$25. The church is located at 400 W. Aspen Avenue. The main church phone number is (928) 774-7383. Make checks payable to *Flagstaff Federated Community Church*.

Parent(s) Names _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Child's Name	Birth Date	Grade (2009-2010)	T-Shirt Size**
_____	_____	Pre K 1 2 3 4 5 6	YXS YS YM YL AS AM AL
_____	_____	Pre K 1 2 3 4 5 6	YXS YS YM YL AS AM AL
_____	_____	Pre K 1 2 3 4 5 6	YXS YS YM YL AS AM AL
_____	_____	Pre K 1 2 3 4 5 6	YXS YS YM YL AS AM AL

**Suggested size guide for T-Shirts (age): YXS (2-5), YS (5-9), YM (9-13), YL (13-16); Adult S, M, L

If your child would like to be in the same group as another child attending VBS, indicate the friend's name here (Note: There are 5 groups with 1 containing the youngest campers and 1 containing the oldest campers to facilitate skill-level crafts and recreation):

Other than the parent(s) listed above, who else may pick up this child from VBS at the close of each day:

How did you hear about us? (check all that apply):

Newspaper Church Banner Other VBS flyer Website Lion & Lamb

Other (specify) _____

Please complete page 2 of this registration form.

We will have personnel on staff to provide first aid. If your child will need medication dispensed during VBS (including over the counter medications), please indicate this in the space provided below. In the unlikely event of an emergency, we will contact emergency medical services and attempt to contact the parents at the phone numbers listed above. All costs incurred are the responsibility of the parent/guardian.

List important medical history for your children including food allergies, medication allergies, and significant diseases. If you have more than one child attending, please remember to indicate which child is affected:

If you need to talk to your child during the program hours, you are always welcome to come to the church and talk in person with your child. Alternatively, you can contact the Vacation Bible School Director, Jeff Rockow, at (928) 853-2359 and he will put you in touch with your child. Please do not call your child on his/her cell phone as this is disruptive to the teachers and the other attendees of VBS.

Parent's signature _____ Date _____

Official Use Only

Payment received on _____ Payment amount _____

Payment type _____ Your initials _____

Student group assigned _____

VBS medical staff sign-off _____