



Vacation Bible School
July 12- 16 9:00am until noon
Rising Kindergarten through Fifth Grade
Registration Form

Top portion to be completed by church office.

Crew No. _____

Registration fee must accompany **\$20.00 per child Registration Fee Pd. \$** _____
 form to reserve your child's spot. **\$8.00 - Music CD \$** _____
Total Paid \$ _____

Church Affiliation: _____

Child's Name _____ Friend your child would like to be
 Male _____ Female _____ grouped with: _____
 grade Completed _____ Age _____ (should be close to same age)

Address _____

City _____ St _____ Zip _____ Home phone _____

Mother's name _____ work, cell phone number _____

Father's name _____ work, cell phone number _____

Emergency contact: _____ phone number _____

Relationship to child _____

Allergies or other medical conditions we should be aware of: _____

_____ has my permission to attend VBS at Swift Creek
 Presbyterian Church July 12-16, 2010, from 9:00 am until noon.

Swift Creek Presbyterian Church has my authorization to seek emergency medical
 assistance for my child. _____ Yes _____ no

 Signature of Parent or Guardian Relationship to child Date

Mail this form along with payment to: **Swift Creek Presbyterian Church**
5900 Woolridge Rd.
Moseley, Va. 23120

For more information you may call:
 Wanda White, Director of Children's Ministry at 739-1183
 or email wwhite@scpcva.org