

"Let's Rock!"

Vacation Bible School - VBS

Presented by

**The Episcopal Church in Almaden &
The Congregational Church of Almaden Valley**

408-268-0243

6581 Camden Ave. San Jose, CA 95120

Registration Form

June 15-19, 2015, 9 AM to 12:15 PM*

Children 5 years old (having completed Jr.
Kindergarten) through completing 5th grade

*Extended Care Available (make note below)



Parents' Name: _____ Home Phone: _____

Address: _____ Daytime Phone: _____

City: _____ Zip: _____ Daytime Phone 2: _____

Home email address: _____

How did you hear about our VBS program? _____

1. Child's Name: _____ **Age:** _____ **T-shirt Size/ Youth** S M L XL

Birth Date: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

2. Child's Name: _____ **Age:** _____ **T-shirt Size/ Youth** S M L XL

Birth Date: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

3. Child's Name: _____ **Age:** _____ **T-shirt Size/ Youth** S M L XL

Birth Date: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

Please complete the second side of this registration form which includes a Vacation Bible School Medical Release form and a computation of total costs for your family.

Vacation Bible School Medical Release

I give permission for my child (or children) to attend the Vacation Bible School at the Episcopal Church and the Congregational Church on June 15-19, 2015. In the event of an emergency, I may be reached at:

Phone Number: 1) _____ 2) _____

Other emergency contact persons:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Primary Physician: _____ Phone: _____

Health/Hospitalization Insurance: _____ Policy/Group # _____

Address: _____ Phone: _____

In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. (Please list any allergies, medications, or other medical information needed in an emergency situation for your child (or children) on the other side of this form.)

Signature of Parent/Guardian: _____ Date: _____

Computation of your costs:

Vacation Bible School 9 AM – 12:15 PM: \$45/child (After May 1st \$55/child)

Multiply by the number of children in your family attending: \$ _____
(\$120 max/family discount until May 1st)

I would like extended care. Please check availability. Enrollment is limited due to staffing.

Daily Rate: 12:30 PM until 3 PM is \$15/day/child

12:30 PM until 6 PM is \$25/day/child

Please indicate the days and times you would like:

_____ **Extended Care Amounts** \$ _____

Grand Total \$ _____

Make checks payable to: Joint Venture Churches with VBS in the memo line.

Mail or deliver checks to: 6581 Camden Ave., San Jose, CA 95120

Optional Opportunities:

__ I would like to help at VBS. Please indicate the days and times you are available and would like to help : _____.