

Splash Zone

Water for Life

Vacation Bible School

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 10-14, 2013, 8:45 AM to 12:30 PM*

Children 4 years old through 5th grade
(completed)

*Extended Care Available (make note below)



Parents' Name: _____ Home Phone: _____

Address: _____ Daytime Phone: _____

City: _____ Zip: _____ Daytime Phone 2: _____

Home E-mail Address: _____

How did you hear about our VBS program? _____

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

Birthdate: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

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

Birthdate: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

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

Birthdate: _____ **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 my permission for my child(ren) to attend the Vacation Bible School at the Episcopal Church and the Congregational Church on June 10-14, 2013. 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(ren) on the other side of this form.)

Signature of Parent/Guardian: _____ Date: _____

Computation of your costs:

1. **Vacation Bible School 8:45 AM – 12:30 PM: \$40/child (After May 1st \$50/child)**
Multiply by the number of children in your family attending: \$ _____
(\$100 max/family discount until May 1st)

2. **I would like extended care.**
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. I can volunteer these days and times: _____

____ I would like to provide snacks on one of the days for the children: _____

____ I will be able to attend the "Closing Ceremonies" on Friday at 11:30 AM.