



Little Falls Church Vacation Bible Camp (VBC) July 8-12, 9 a.m. – noon

2019 Registration

Crafts, stories, songs, games, music & more for kids 3 years old (potty trained) - rising 5th graders

First Name (Nickname)	Last Name	Fall 2019 Grade	Birth Date (mm/dd/yy)	Gender	T-Shirt (Youth Sizes)	Cost
			/ /	M F	XS S M L XL	\$60
			/ /	M F	XS S M L XL	\$55
			/ /	M F	XS S M L XL	\$45
			/ /	M F	XS S M L XL	FREE
One child: \$60. Two siblings: \$115. Three or more siblings: \$160.					TOTAL:	

All payments are nonrefundable. Please make **checks payable to: Little Falls Presbyterian Church** and write **"VBC" in the memo line** of your check. **Payment is due with completed application.** Contact Jennifer Greenleaf for scholarship needs.

- Name of Parents or Guardian: _____
- Address: _____
- Email: _____ 4. Home Phone: _____ 5. Cell: _____
- Name of home church, if applicable: _____

Priority for acceptance is given to children whose parents serve as a Crew or Station Leader. FREE childcare is provided for volunteers with children too young to attend camp.

- Can you volunteer at camp? Yes No
 - If yes, are you willing to serve as a Crew/Station Leader? Yes No
 - If you are unable to serve as a Crew/Station Leader, how can you plug in? (See Volunteer Descriptions)

- I would like my child, _____, to be in a group with _____

We do our best to accommodate preferences, but cannot guarantee placement. Making new friends is a big part of camp.

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Vacation Bible Camp 2019

Medical & Permission Form

OFFICE USE ONLY

No: _____
Total: _____
Type: _____

MEDICAL INFORMATION

1. Name of medical insurance carrier: _____
2. Medical insurance policy number: _____
3. Name of family doctor: _____
4. Phone: _____

ALTERNATE EMERGENCY CONTACT

5. Name of **alternate** emergency contact (*different from front page*): _____
6. Relationship to child: _____
7. Phone: _____

SPECIAL INFORMATION (please specify which child)

8. Allergies: _____

9. Dietary restrictions: _____

10. For children with food allergies or dietary restrictions, do you plan to send snack with your child?
Yes [] No []
11. Prescription medicines (name of drug & strength) and used how often: _____

12. Other issues: _____

SIGNED PERMISSION

I, the undersigned, am the parent/legal guardian of the child(ren) listed on this form and give permission for my child(ren) to participate in Little Falls Presbyterian Church's Vacation Bible Camp (VBC). I will not hold the church or leaders serving during VBC legally responsible for any injury to my child. In the event of an emergency, I give my consent and authorization for securing qualified medical treatment for my child if I cannot be reached. I consent for my child to be photographed and recorded, and for any media featuring my child to be used for the purposes of church publicity.

(Signature of parent/guardian)

(Date)