2017 VBS Summer Camp Registration Form July 10-14 & 17, 9 a.m. to noon for

kids age 3 through entering 6th grade (2016-17 school year).
Youth entering 7th grade and older are encouraged to volunteer!
(All preschoolers must be potty-trained.) This form can be photocopied.



| Parent/Caregiver's Name(s): | | | |
|---|---|----------------------------|--|
| Email: | | | |
| | | | |
| Address: | | Chahai | 7: |
| City: | | | Zip: |
| Tiome Charch. | | Be Enrolled: | |
| Child's Name: | Child's Name: | | Child's Name: |
| Goes By: | Goes By: | | Goes By: |
| Date of Birth: | Date of Birth: | | Date of Birth: |
| Last school grade completed: | Last school grade completed: | | Last school grade completed: |
| Shirt Size- please check one: | Shirt Size- please check one: | | Shirt Size- please check one: |
| Child Size: XS S M L XL | Child Size: XS S M L XL | | Child Size: XS S M L XL |
| or Adult Size: S M L XL | or Adult Size: S M L XL | | or Adult Size: S M L XL |
| Does your child have any allergies or other medical conditions we should know about?* ¬No ¬Yes (If yes, please explain) | Does your child have any allergies or other medical conditions we should know about?* [No]Yes [If yes, please explain] | | Does your child have any allergies or other medical conditions we should know about?* ¬NO ¬Yes (If yes, please explain) |
| * Please note that Westminster does not h 3-hour camp day. | ave a nurse on staff. C | hildren must be able t | to be medically self-sufficient during the |
| Alternative Emergency Contact Informatic | on: | | |
| lame(s):Phone: | | ne: | Relationship with Child: |
| Adults Authorized to Pick Up My Kids from Name(s): | m VBS: Pho | ne: | Relationship with Child: |
| Parents/Caregivers are asked to help with Help during VBS week Help with VBS preparations (props, decorate the week of July 3 | | Help with | are encouraged to volunteer as well!) the VBS celebration on Sunday, July 16 down on Monday, July 17 |
| Your name(s): | | | |
| PHOTOGRAPHY NOTICE: At Vacation B promotion of our activities. When photographeir full names. | | | |
| Registration will be complete when this form and fees are received in the church office. Save the attached sheet and then mail or bring this form to:Westminster Presbyterian Church, 4114 Allison Avenue, Des Moines, IA 50310 | | Office use only: Amount Pa | iidDate Paid |
| | | Credit (| Card Cash Check # |