OFFICE USE ONLY
_____ Date Received
_____ Payment Total
check no. _____
cash _____

"HIGH SEAS Expedition"

2010 VBS REGISTRATION

*** * *CLASS SIZE WILL BE LIMITED. FIRST COME, FIRST SERVED. PLEASE MARK YOUR FIRST AND SECOND CHOICE**

_____JUNE 21 – JUNE 25
9:30 a.m. – 12:30 p.m.

_____JUNE 28 – JULY 2
9:30 a.m. – 12:30 p.m.

Student's Name _____ Gender: M / F

Date of Birth ___/___/___ **Grade entering in September 2010 (Please Circle Below)**

PS 3's PS 4's PS 5's K 1st 2nd 3rd 4th 5th 6th

*** * *Must be 3 years old by 6/01/10 and potty-trained to attend VBS* * ***

Parent's Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work/Cell Phone_____

E-mail Address (for VBS purposes only)_____

Parent's Church _____

Siblings in VBS _____

Emergency Information

Known Allergies/Medical Concerns_____

_____

Is your child currently taking any medications? Yes / No

If yes, please list_____

Emergency Contact Person_____ Phone_____

REQUIRED SIGNATURES
for

_____
(child's name)

EMERGENCY TRANSPORT
After reasonable attempts to reach me have been exhausted, I GIVE All Saints VBS permission to transport my child for emergency medical or dental treatment to the location named below or the nearest available source of assistance.

Parent's Signature _____ Date_____

Physician _____ Phone #_____

Hospital _____ Dentist_____

I DO NOT give All Saints VBS permission to transport my child.

Parent's Signature _____ Date_____

Instructions_____

WEBSITE and PUBLICITY RELEASE FORM
I GIVE All Saints Lutheran Church permission to use my child's picture for the purpose of VBS 2010. Pictures may be posted on church bulletin boards, community newspapers, or All Saints website. (Names will not accompany pictures)

Parent's Signature _____ Date_____

I DO NOT give All Saints Lutheran Church permission to use my child's picture for the purpose of VBS 2010.

Parent's Signature _____ Date_____

*FEE SHEET

(Please complete one fee sheet ONLY per family)

		#	Cost
**Registration Fee	$15.00	____	_____
CD included (if after June 7)	$18.00	____	_____
***T-Shirt (optional)	$10.00	____	_____

TOTAL DUE _____
(Payment due upon registration)

*Teachers/Volunteers receive ½ off tuition and free t-shirt for their child.
Contact Lisa Brooks at lisab@saintsonhigh.org to volunteer.
**Family maximum of $40.00 on registration cost only. T-shirts still extra.
***__Student T-shirts only__. No Staff orders please!

PARENTS! PLEASE COMPLETE INFORMATION BELOW IF YOU ORDERED A T-SHIRT FOR YOUR CHILD!

Child #1	Child #2	Child #3
Name _____	Name _____	Name _____
**T-shirt Size: _____ Youth: Small / Med / Large Adult: Small / Med / Large / XL	T-shirt Size _____ Youth: Small / Med / Large Adult: Small / Med / Large / XL	T-shirt Size _____ Youth: Small / Med / Large Adult: Small / Med / Large / XL
Child's grade _____ in 2010-2011	Child's grade _____ in 2010-2011	Child's grade _____ in 2010-2011
OFFICE USE ONLY **CLASS ASSIGNED** _____	**OFFICE USE ONLY** **CLASS ASSIGNED** _____	**OFFICE USE ONLY** **CLASS ASSIGNED** _____