



# FAITH BIBLE CHURCH AND HOPE CHAPEL 2009 VBS REGISTRATION

**Held at Faith Bible Church on July 20-24, 9 am - 12 pm**

Regular Registration through 6/30/09: \$25 1st child, \$15 2nd child, \$10 3rd child; \$50 family limit

Late Registration beginning 7/1/09: \$30 1st child, \$20 2nd child, \$15 3rd child; \$65 family limit

(T-Shirt availability and sizes are not guaranteed for late registration.)

## Child Information

| Office Use | Last Name | First Name | Birthdate | Grade Completed | T-Shirt Size | Medical Conditions/Allergies |
|------------|-----------|------------|-----------|-----------------|--------------|------------------------------|
|            |           |            |           |                 |              |                              |
|            |           |            |           |                 |              |                              |
|            |           |            |           |                 |              |                              |
|            |           |            |           |                 |              |                              |
|            |           |            |           |                 |              |                              |
|            |           |            |           |                 |              |                              |

## Family Information

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City, State

Zip Code

Phone Numbers: \_\_\_\_\_

Home

Work

Cell

Emergency Contact: \_\_\_\_\_

Name

Relationship

Phone Number

E-mail Address: \_\_\_\_\_

Regularly attending church? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Would you be interested in receiving information about our churches? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about VBS at Faith Bible Church? \_\_\_\_\_

IN CASE OF EMERGENCY, I hereby give permission to Faith Bible Church and Hope Chapel leaders to select transportation to their chosen physician who may hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child(ren) as named above.

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature Date

|                    |                         |                                |
|--------------------|-------------------------|--------------------------------|
| <b>OFFICE USE:</b> | Registration Date _____ | Date Paid _____                |
|                    | Amount _____            | Method: Cash _____ Check _____ |