



Covenant Presbyterian Church  
**Vacation Bible School Musical**  
**June 11-15, 2018; 2:30-5:00pm**

Sharing musical in worship on June 17  
 For 3-year-olds through 7<sup>th</sup> grade children

Family Last Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_  Dad's Cell Phone: \_\_\_\_\_

Child's Full Name	Birth Date	Grade Fall 2018	Food Allergies or Special Needs	Fee
1.				<b>\$10/child* or \$20/family*</b>
2.				
3.				
4.				
<b>(Make checks payable to: Covenant Presbyterian Church) TOTAL</b>				

\*Scholarships available (see Donna Monson for more information)

**Volunteer Opportunities:**

- I will be an Activity Site leader for:       games       storytelling       crafts
- I will be an Activity Site assistant for:       games       storytelling       crafts
- I will help guide children from activity to activity.
- I will help with the Friday, June 15 Potluck Dinner.
- I will help where needed most.

Please indicate the days available to help:     All    Specific days \_\_\_\_\_

**MEDICAL RELEASE**

*Please list an alternate contact in case either parent cannot be reached.*

Full name of alternate contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider (information will remain confidential): \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*I hereby give Covenant Presbyterian Church leaders permission to give my child(ren) medical attention, if I cannot be reached during VBS hours.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_