



VACATION BIBLE ADVENTURES JULY 7-JULY 10 REGISTRATION

\$10 \_\_\_\_ Pd

Fill out card and turn in with money to registration table at either campus

Or mail to: Meredith Drive Reformed Church, 5128 Meredith Drive, Des Moines, IA 50310

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Fall '09 \_\_\_\_\_

(Children going into the 4 yr. old class must be 4 by 9/15/09)

Address \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_ E-mail \_\_\_\_\_

If your child is bringing a friend that doesn't go to this church, please write his/her name here. \_\_\_\_\_  
(Friends must also fill out a registration card)

**Thanks to all who signed up to teach and help!**

1. If you are not teaching, to complete registration, mark one of the following
  - a) \_\_\_\_\_ Furnish treats (sign up on treat list on table at church)
  - b) \_\_\_\_\_ Driving for a mission outing on Friday for fall 2nd-fall 5th grade (4-fall 1st grade stay at the Bridge)
  - c) \_\_\_\_\_ Providing a ride to VBA for an MDRC child who wouldn't otherwise be able to come
2. Please check if you are a member of MDRC and this is true for you:
 

\_\_\_\_\_ My child is in a daycare. I have tried to locate transportation, but cannot. My child will need a ride to attend.
3. Who will be picking your child up from VBA? Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(see other side)

Mother's name \_\_\_\_\_

Phone number to call during VBA

Father's name \_\_\_\_\_

Time (9 to noon) \_\_\_\_\_

In case of emergency, if parents cannot be reached, please call:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I understand that every effort will be made to reach me in the event of an emergency. I give my permission for the personnel of Meredith Drive Reformed Church to secure emergency medical treatment as deemed necessary. I agree to assume financial responsibility for this treatment.

Please call Dr. \_\_\_\_\_

Phone \_\_\_\_\_

Should it become necessary, take my child to \_\_\_\_\_ Hospital.

Present medications, allergies or other information pertinent to emergency medical care:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian

Date