

Adult T-shirt size: Small Medium Large XLarge XXLarge

Names and ages of children needing care: _____

Do you need childcare? (Childcare available for workers)

(Circle all desired)

When would like to serve? Everyday or M T W TH F

Where would you like to serve? Snacks Drama Crafts Games Crew Leader Preschool Crew Leader Elementary Childcare

Name: _____ Adult: Youth: (if youth, indicate your age: _____)
Phone #: _____

Would you like to volunteer?

(Please give address & phone #)

_____ I need to be dropped off at:

(Please give address & phone #)

_____ I need to be picked up at:

Do you need transportation? To VBC: From VBC:

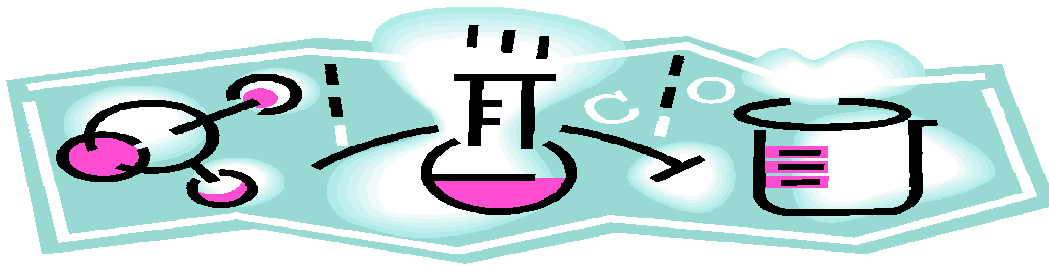
Name of child's friend (one name only) _____ Age of friend _____

Does your child want to be in a group with a friend? (We can't guarantee this, but we'll do our best to honor your request)

First Church of Christ



Vacation Bible Camp 2008



VACATION BIBLE CAMP
“Power Lab”
Discovering Jesus’ Miraculous Power!

Monday – Friday - July 21 – July 25
 8:45 A.M. to 12 Noon

Friday Evening Fusion Finale
 6:30 P.M. to 7:30 P.M.

Open to ages 4 thru Completed 5th Grade
 \$35 per child/\$30 if more than 3 in family



Bring a friend. If your friend is attending for the first time, they may come as a free guest.
 Completed 6th grade thru adult are invited to be leaders! We need lots of “lab assistants” so don’t miss out on the fun! Sign up to help on the
 back of this registration form and mail to the Children’s Ministries office.
 This form may be duplicated or downloaded from our website: www.firstchurch.org

..... Tear Here and return to Children’s Ministries

Vacation Bible Camp Registration Form

Please complete the front and back of this form and send it along with your payment by Friday, July 4, 2008 to:

Children’s Ministries
 First Church of Christ
 250 Main St.
 Wethersfield, CT 06109

Make checks payable to First Church of Christ (indicate VBC in the memo section)

Child’s Name: _____ Birth date: _____ Age: _____

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Street: _____ City: _____ Zip: _____

Grade Completed by June '08: _____ Male Female

Medical/Special Needs (Allergies): _____

Youth T-shirt size: Small (6-8) Medium (10-12) Large (14-16) *(Please circle one)*

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact Person: _____ Phone #: _____

Child’s Doctor: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

***I hereby authorize the staff of the Vacation Bible Camp at First Church of Christ in Wethersfield to obtain emergency medical treatment for my child/children in the event I cannot be reached. ***

Parent’s Signature _____

Date _____

(Complete other side)