



**Vacation Bible School, July 7 – 11, 2008**

Parents/Guardians:

Address, City, State, Zip:

Telephone Number:

Email address:

Child#1:

Birth date & Grade  
completed:

Special conditions: (allergies,  
medication, fears, etc.)

Child#2:

Birth date & Grade  
completed:

Special conditions: (allergies,  
medication, fears, etc.)

Child#3:

Birth date & Grade  
completed:

Special conditions: (allergies,  
medication, fears, etc.)

Child#4:

Birth date & Grade  
completed:

Special conditions: (allergies,  
medication, fears, etc.)

You have my permission to photograph my child/ren during VBS for use on the church website, and during worship on the screens.

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Parent/Guardian Signature

I would like to help out at VBS in the following capacity:

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