



Vacation Bible School Registration 2009

When: August 3rd—7th

Time: 9:00 am—12:00 pm

Name: _____

Address: _____

City/Zip: _____

Mother's Name: _____

Father's Name: _____

Emergency Contact: _____

Allergies or other medical conditions:

Registration fees: \$15.00 per child

Make checks payable to MCPC

Scholarships are available

_____ YES, I will volunteer for VBS 2009

_____ I need nursery services

Home telephone: _____

Home email address: _____

Date of birth: _____

2009-10 School Grade _____ Age _____

Cell Phone: _____

Emergency Phone Number: _____

In case of emergency I, _____
authorize Monument Community Presbyterian
Church to take any medical action deemed
necessary for my child

(Child's name)

(Parent's signature)