

### T-Shirt Sizes

Children: X-Small (2-4), Small (6-8), Medium (10-12),  
Large (14-16), and X-Large (18-20)

Adults: Small, Medium, Large, and X-Large

Kids 3 yrs old – Pre K  
K to entering 6<sup>th</sup> grade  
July 12<sup>th</sup> – 16<sup>th</sup> 2010  
9:30 a.m. – 12:30 p.m.

## CHILD INFORMATION

1. Child's Name \_\_\_\_\_

Age at VBS \_\_\_\_\_ Grade this fall \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Food/Medical Allergies: \_\_\_\_\_

2. Child's Name \_\_\_\_\_

Age at VBS \_\_\_\_\_ Grade this fall \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Food/Medical Allergies: \_\_\_\_\_

3. Child's Name \_\_\_\_\_

Age at VBS \_\_\_\_\_ Grade this fall \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Food/Medical Allergies: \_\_\_\_\_

4. Child's Name \_\_\_\_\_

Age at VBS \_\_\_\_\_ Grade this fall \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Food/Medical Allergies: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## TWO EMERGENCY CONTACT PEOPLE OTHER THAN PARENT/GUARDIAN

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact numbers \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact numbers \_\_\_\_\_

**PEOPLE AUTHORIZED TO PICK- UP FROM VBS**

Please list below the people authorized to pick up your child from VBS.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Cost: Total for all five days - \$10 per child  
Amount paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

(Please make check payable to: New Hope International Church)

**Volunteer Opportunity**

Name \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

I would like to volunteer on the following days (please check)

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ All 5 days

I would be willing to serve in one of the below or all as needed:

\_\_\_\_\_ Classroom assistant \_\_\_\_\_ Snack and drink assistant \_\_\_\_\_ Game and Craft assistant

\_\_\_\_\_ Drama Team \_\_\_\_\_ Memory Verse Assistant

**Emergency Transport Permission:** "In the event of an emergency, I give New Hope International Church's VeBS staff permission to have my child/children transported to a hospital for emergency medical care.

**Permission To Participate and Media Release:** "I understand that my child will be participating in New Hope International's VeBS July 12-16, 2010, and will be under the care and guidance of its leaders. I give permission for my child to participate fully in all VeBS activities and release and waive any and all claims arising out of the use by New Hope Int'l Church and its authorized designee, my likeness and on film promotional literature, feature file and/or other program picture, photo.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_