



New Vision Church
 2010 Vacation Bible School
 July 12 -16, 2010
 6:30pm - 9pm

(for children 6 years old as of August 30, 2010 through 12 years old)

Hero Headquarters: Where Kids Join Forces With God

Parent(s) Names: _____

Address: _____

Email Address: _____

Phone Numbers: _____ Home _____ Cell _____

Students to be enrolled:

Name	Birth date	Age	Gender (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give permission for my child(ren) to participate in the 2010 Vacation Bible School at New Vision Church. I will be responsible for delivering and picking up my child unless I send a note giving permission for another person to do this.

I give my permission to use photos of my child on NV-VBS related publications and websites. Please note that no names will be used in any publications. Circle one, please. **YES NO**

 Parent/Guardian Signature

Please submit the **fully** completed registration form to:

New Vision Church
 2100 Crain Highway
 Bowie, MD 20716
Attn: Vacation Bible School

Emergency Contacts

Primary Emergency Contact

() _____
Home Phone

() _____
Cell Phone

Secondary Emergency Contact

() _____
Home Phone

() _____
Cell Phone

Address

City, State ZIP Code

Address

City, State ZIP Code

Medical Information for a Child(ren)

Medical issues that the VBS Staff should know (including: food or other allergies, asthma, ADD, etc.) or special needs that my child(ren) have: _____

Parent's/Guardian's Signature

Date

Witness Signature

Date