

God the Builder
CORPUS CHRISTI MISSION - 2009 VACATION BIBLE SCHOOL
July 27-31, 9:00 am to 12:30 pm
Open to children Age 3 to Age 10



First Child's Name: _____				
	Last	First	MI	Goes by
DOB: ___/___/___	Age _____	Grade completed in 2008-9: _____		PS age 3 or 4 (circle one)
T-Shirt Size (Circle one) Child sizes S(6-8) M(10-12) L(14-16) Adult sizes: S M L XL				
Allergies/medical information/special needs or other concerns:				
Use the space below to describe your child's conditions, allergies or needs. If none please mark as such.				

Second Child's Name: _____				
	Last	First	MI	Goes by
DOB: ___/___/___	Age _____	Grade completed in 2008-9: _____		PS age 3 or 4 (circle one)
T-Shirt Size (Circle one) Child sizes S(6-8) M(10-12) L(14-16) Adult sizes: S M L XL				
Allergies/medical information/special needs or other concerns:				
Use the space below to describe your child's conditions, allergies or needs. If none please mark as such.				

Third Child's Name: _____				
	Last	First	MI	Goes by
DOB: ___/___/___	Age _____	Grade completed in 2008-9: _____		PS age 3 or 4 (circle one)
T-Shirt Size (Circle one) Child sizes S(6-8) M(10-12) L(14-16) Adult sizes: S M L XL				
Allergies/medical information/special needs or other concerns:				
Use the space below to describe your child's conditions, allergies or needs. If none please mark as such.				

Mother's Name: _____	Father's Name: _____
Address: _____	Address: (if different) _____
_____	_____
Home #: _____	Home #: _____
Work #: _____	Work #: _____
Cell #: _____	Cell #: _____
Email Address: _____	Email Address: _____

In case parents/guardian cannot be reached – Emergency Contact:

Name: _____ Relationship to child: _____

Home #: _____ Work #: _____ Cell#: _____

Doctor's Name & Phone #: _____

VBS Parent/Guardian Permission Form
My child(ren), _____, has my permission to participate in all activities at Vacation Bible School, July 27-31, 2009 at Corpus Christi Mission Church. In the event that my child has an emergency, I authorize the directors or volunteers to obtain medical attention at a physician's office or hospital. The child is covered by the following medical insurance:
Insurance name: _____ Group # _____
If I am not reachable, they will call the person I have listed as "emergency contact".
Only authorized persons may pick up my child from VBS. Name of persons & relationship (i.e. aunt, friend) who may pick up my child are: _____
Person(s) who may NOT pick up my child are: _____
Parent or Guardian Signature: _____ Date: _____

Registration Fees (Checks made payable to Corpus Christi) Deadline to register is Father's Day, June 21, 2009
 One Child: \$35.00; Two Children: \$65.00; Three Children: \$90.00; Each additional child: +25.00
 EFT authorization & volunteer possibilities are located on the back of this page.

Vacation Bible School Tuition Payment Authorization Form -

One-Time Transaction in the amount of \$ _____

Name (as it appears on your card) _____ Address: _____

City _____ State _____ Card's billing Zip Code _____

Please check the payment method of your choice:

VISA Master Card Credit Card Number: _____ Expiration Date: _____ I agree to pay the above total amount to Corpus Christi Catholic Church.

Signature: _____ Date: _____

Volunteers – please complete the front side of this form as well as below. Rising 6th graders through adults are needed. Please check the area(s) in which you are willing to help. Thanks!

Adult Nurse on Duty _____

Check-in & Pick-up Table _____

Small “crew” group leader _____

Snack Session _____

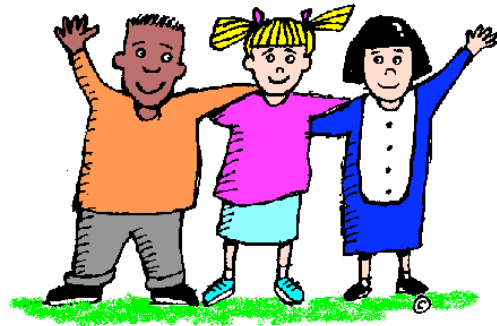
Outdoor Game _____

Interactive Bible Room _____

Craft Room _____

Puppet Room _____

Movie Room _____



(One-time help)

Set up Help – Sunday, July 26th _____

Take-down Help – Friday, July 31 _____

Celebration Lunch Preparer – Friday, July 31 _____

Office Use Only

Date Received _____ Payment Method Check # _____ EFT _____ Payment Amount _____