

# VBS Family Registration Form

Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (required): \_\_\_\_\_ Cell phone: \_\_\_\_\_

Member of Wapping Community Church? \_\_\_\_\_

In case of emergency I give my permission for my child(ren) to be treated. YES NO  
I understand I will be contacted if medical attention is required. please circle one

Parent/Guardian Signature: \_\_\_\_\_

Please list other person(s) authorized to pick up your child(ren):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Celebration Service

On Sunday July 1st we will hold a Vacation Bible School Children's Service at 9:00 am. The children will present songs and stories from their experience at VBS. We would love your child(ren) to participate. Please SAVE THE DATE and let us know your child will join us.

Circle one    YES    NO    Maybe

~ I give permission for my child(ren) to be photographed and allow the images to be included (without any personal information) in newsletters, slideshows, and WCC web pages.      Initial: \_\_\_\_\_

The following children are being registered for Shipwrecked Vacation Bible School:

Child's Name	Age	Grade Completed	Medical**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*Please specify allergies, epi-pen, inhaler, other medical needs

Cost per child \$20      Family of 3 total cost \$50      Addt'l children \$10 each  
Total # registered \_\_\_\_\_      Total cost: \_\_\_\_\_      Payment method: cash    Check # \_\_\_\_\_

Mail to: Wapping Community Church, attn. VBS, 1790 Ellington Road, South Windsor, CT 06074

Scholarships available based on financial need. Please contact church office for information (860) 644-0833.