

Vacation Bible School Registration

For children ages 4 through 10 years



Wapping Community Church

June 25-June 29, 2018

9:00 am - 12:30 pm

IMPORTANT INFORMATION:

Check-in begins at 9:00 am

Group welcome assembly at 9:15

Children will rotate through various activities in small groups with a leader. Activities include crafts, Bible stories, games, and science.

Children will enjoy a healthy snack and drink. Water will be provided throughout the morning. Children may bring a water bottle labeled with their name.

Children must be picked up at 12:30 pm and will be released by their group leader.

Snack included, bring water bottle

Wapping Community Church
1790 Ellington Road, South Windsor CT 06074
Phone: 860-644-0833 / Email: wappingfaith@gmail.com

VBS Family Registration Form - return by June 10th

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 Add'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.