



REGISTRATION 2010

Vacation Bible School - July 26-29
 For children age four and older
 (Children must be four by September 1)
First Presbyterian Church
 230 NE 9th Street—Bend, OR 97701

Tuition: \$10 per student, \$30 per family (deadline July 14)
Tuition after July 14 is \$15 per student, \$30 per family maximum

Office Use Only	
Date Registered	_____
Tuition: Cash	_____ Check _____ Scholar _____
Group	_____
Mailings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please print below. List child's surname if different from parent.

PARENT(S) OR GUARDIAN _____ HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ ZIP _____ E-MAIL ADDRESS _____

HOME ADDRESS	ZIP	E-MAIL ADDRESS
Child's Name F M	Child's Name F M	Child's Name F M
Circle Birthdate (mm/dd/yy)	Circle Birthdate (mm/dd/yy)	Circle Birthdate (mm/dd/yy)
Age Grade Fall 2010	Age Grade Fall 2010	Age Grade Fall 2010
List any OTC or prescription medications:	List any OTC or prescription medications:	List any OTC or prescription medications:
_____	_____	_____
Please list any allergies, dietary restrictions or medical conditions:	Please list any allergies, dietary restrictions or medical conditions:	Please list any allergies, dietary restrictions or medical conditions:
_____	_____	_____
F M	F M	F M
Camp Buddy (only one) You will be guaranteed your buddy only if she/he also request you AND she/he registers by July 15.	Camp Buddy (only one) You will be guaranteed your buddy only if she/he also request you AND she/he registers by July 15.	Camp Buddy (only one) You will be guaranteed your buddy only if she/he also request you AND she/he registers by July 15.

Church Home: _____

Emergency Contact Person _____ Day Phone _____

Physician _____ Phone _____

Insurance Company _____ Policy # _____

I give permission for my child(ren) to participate in the First Presbyterian Church Vacation Bible School. I give my permission for my child(ren) to be treated with minor first aid by chaperones. I give my consent for any emergency hospitalization and/or surgical or medical procedures deemed necessary by emergency physicians. Additionally, I give permission for photos of my child(ren) to be displayed at church or on the church's website.

Parent Signature _____

Return this form and tuition to the church office, c/o VBS Registrar