



2010 VBS DAY CAMP - HIGH SEAS EXPEDITION
JULY 19-23
REGISTRATION FORM



8900 U.S. HWY. 19 N., PINELLAS PARK, FL 33782 • 727-577-7705 • CCSTPETE.COM

(please print)

Please list all children you are registering

We will try to accommodate a request to be placed with someone; however, we cannot guarantee it. We ask that you prepare your child to make new friends and then leave it in God's hands. Children are placed in multi-age groups.

Child #1 _____ yrs. old _____ grade

Birth date ____/____/____ completed Kindergarten by June 2010 _____

List any special needs, restrictions or requests _____

List any severe food or other allergies _____

T-shirt size: Youth Small Youth Medium Youth Large Youth XL Adult Small Extra T-shirt @ \$8 each

Child #2 _____ yrs. old _____ grade

Birth date ____/____/____ completed Kindergarten by June 2010 _____

List any special needs, restrictions or requests _____

List any severe food or other allergies _____

T-shirt size: Youth Small Youth Medium Youth Large Youth XL Adult Small Extra T-shirt @ \$8 each

Child #3 _____ yrs. old _____ grade

Birth date ____/____/____ completed Kindergarten by June 2010 _____

List any special needs, restrictions or requests _____

List any severe food or other allergies _____

T-shirt size: Youth Small Youth Medium Youth Large Youth XL Adult Small Extra T-shirt @ \$8 each

Child #4 _____ yrs. old _____ grade

Birth date ____/____/____ completed Kindergarten by June 2010 _____

List any special needs, restrictions or requests _____

List any severe food or other allergies _____

T-shirt size: Youth Small Youth Medium Youth Large Youth XL Adult Small Extra T-shirt @ \$8 each

Child #5 _____ yrs. old _____ grade

Birth date ____/____/____ completed Kindergarten by June 2010 _____

List any special needs, restrictions or requests _____

List any severe food or other allergies _____

T-shirt size: Youth Small Youth Medium Youth Large Youth XL Adult Small Extra T-shirt @ \$8 each

C A L V A R Y C H A P E L
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PERMISSION AND LIABILITY RELEASE

(please print)

Parent/Guardian Name _____

Parent Email (Required for confirmation) _____

Address _____ City _____, FL Zip _____

Home phone _____ Day phone _____ Cell phone _____

Additional contact name _____

Home phone _____ Day phone _____ Cell phone _____

Parental Consent: My camper has permission to engage in all camp activities except as noted by me. My camper is in good health. I give permission for my camper to receive emergency medical and/or dental treatment, if necessary. It is understood that every reasonable effort will be made to contact me before taking this action.

X Signature of Parent/Guardian _____ **Date** _____

Please list any person that has your permission to pick up your child. *Please note that any person who will pick up your child will need to bring a Photo ID or Driver's license. Children will only be released to you or anyone you list below on this form:

Name _____

Name _____

Name _____

Send in the completed form with payment to: CC VBS 2010, 8900 US Hwy 19 North, Pinellas Park FL 33782-5404.

Payment must be included with registration form. Include exact cash or check made payable to "Calvary Chapel" and mark VBS 2010 on the memo line.

Yes, I am an approved VBS Volunteer (Approved VBS Parent Volunteer rate per child is \$25)

of children _____ x \$25 = _____

First Child x \$55 = _____

Additional Siblings only # of children _____ x \$50 = _____

Before Care - M T W R F _____ \$12/Week or # of days _____ x \$5 = _____

After Care - M T W R F _____ \$35/Week or # of days _____ x \$10 = _____

Extra T-shirts _____ x \$8 = _____

TOTAL AMOUNT DUE = _____

Payment Received _____ Cash Check # _____

Registration fees are non-refundable.