



VBS 2017

July 17th-22nd (9:00am-12:00pm)

A week of fun and adventure for kids ages 4 years – 5th graders

*Child #1- Name: _____ Age: _____

*Siblings – Please fill out back of form for easier registration.

Mailing Street Address: _____ Kid's T-shirt size: S M L XL

City: _____ Zip: _____ Phone: () _____

Parent's/Guardian's Name(s) _____

Email address: _____

YES I am able to volunteer all 5 days: (Childcare is provided for our 6 months – 3 year olds for our volunteers.)

I will need Childcare for my little one; please send me the childcare information form.

Adult Volunteer's NAME: _____ T-shirt size (unisex sizes) S M L XL XXL

Emergency Contact Name & Number: _____

Allergies or Special Needs: _____

Which church do you attend? _____

Grade Child will enter in the Fall: _____ Birthday: _____

Friend request for groups: _____ (only 1 name please)

This year our small groups will be put together by age. So please request someone who is only up to 1 year apart from your child.

*Photos will be taken throughout this event; your signature here authorizes Lighthouse Church to use images of this event on their church website and Facebook page. Unless otherwise indicated.

Parent/Guardian Signature _____

Registration Fees:

\$ 50 for 1 child
\$ 90 for 2 children
\$120 for 3 children
\$160 for 4 children

**CHECK MADE OUT TO LIGHTHOUSE CCC (VBS IN MEMO AREA)
MUST BE ATTACHED TO GUARANTEE ENROLLMENT.**

Grand Total: \$ _____

We have a limited # of spaces available this year, so please register ASAP as spaces fill up quickly. Once we are full, a waitlist will be established and families will be contacted as space becomes available.

Sibling Information

Sibling 1:

Child #2 Name: _____ Age: _____

T-shirt size: S M L XL

Allergies or Special Needs: _____

Grade will enter in the Fall: _____

Birthday: _____

Comments or requests:

Sibling 2:

Child #3 Name: _____ Age: _____

T-shirt size: S M L XL

Allergies or Special Needs: _____

Grade will enter in the Fall: _____

Birthday: _____

Comments or requests:

Sibling 3:

Child #4 Name: _____ Age: _____

T-shirt size: S M L XL

Allergies or Special Needs: _____

Grade will enter in the Fall: _____

Birthday: _____

Comments or requests:
