

REGISTRATION FORM (ONE PER CHILD PLEASE)

Discovery Canyon is a Vacation Bible Camp program designed to meet the needs of children age 4 through rising 6th grade. The camp will include Bible stories, crafts, musical activities, snacks experiments and play.

WHEN: July 27 – July 31, 2009
9 AM-12 noon

WHERE: Providence Presbyterian Church

FOR: Children age 4 (by Aug 1, 2009)
through rising 6th Grade

COST: \$30 per child
\$70 max per family (3+ children)

SNACKS: A snack and a drink will be provided each day. Please carefully complete the allergy section on the following page.

DEADLINE FOR REGISTRATION – FRIDAY JULY 17, 2009.

Please enclose a check to complete your registration. Checks should be made payable to: Providence Presbyterian Church. Please return to Providence Presbyterian Church, 9019 Little River Turnpike, Fairfax, Virginia. 22031

Childcare for infants through age 3 will be provided for children of volunteers. From the 3 year old group, they may join the 4 year old class or we may form an individual class depending on number of children.

NAME: _____

DATE OF BIRTH: _____ **Grade as of 09/09:** _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PARENT(S) NAME: _____

PRIMARY PHONE: _____

EMAIL ADDRESS: _____

Please tell us about any medical condition that may affect/ limit your child's participation in camp activities.

Does your child have any allergies of which we need to be aware?

T Shirt Size: _____



Help Needed

It takes many volunteers to run a great VBC program. Please circle the area(s) in which you can help.

- * Small Group Leader
- * Crafts
- * Music/worship
- * Childcare
- * Snacks
- * Recreation
- * Pre-camp Prep

Some tasks can be completed prior to the start of VBC or during the evening. Let us know if you can help.

If you need care for your child 3 years or younger while you volunteer, please give details:

No. of children: _____ Ages: _____

Parent Authorization

This information is correct as far as I know, and my child has permission to engage in all activities, except as noted by me. In the event of illness or accident I request that measures be taken without delay, based on medical opinion.

Parent Signature: _____

Date: _____

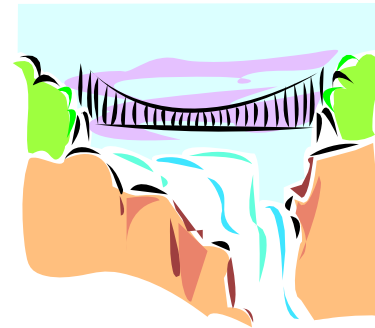
Parent Phone Number: _____

Emergency Contact: _____

Relationship to Child: _____

Phone Number: _____

Discovery Canyon



Vacation Bible Camp

FOR CHILDREN AGE 4 THROUGH
RISING 6th GRADE