



2010 VBS Registration

For: Kindergarten - 5th grade **Dates:** July 19-23 **Times:** 9:00a–12:00p

Cost: \$10 suggested donation per child (Family max. \$25)

Location: Capitol City Christian Church * 7800 Holdrege St * Lincoln, Ne 68505 * 402-467-4458

First Child. . .

Child's Name:	Grade (this fall):	Age:
Allergies/Other Concerns:		
Parent's Name:	Emergency Phone/Cell Phone:	Home Phone:
Email Address: (if we do not already have it)	Address: (if we do not already have it)	

Second Child. . .

Child's Name:	Grade (this fall):	Age:
Allergies/Other Concerns:		
Parent's Name:	Emergency Phone/Cell Phone:	Home Phone:
Email Address: (if we do not already have it)	Address: (if we do not already have it)	

Nursery - Preschool Children that need care (volunteer's children only)

Child's Name:	Age:	
Allergies/Other Concerns:		
Parent's Name:	Emergency Phone/Cell Phone:	Home Phone:
Email Address: (if we do not already have it)	Address: (if we do not already have it)	

*You will have an opportunity to purchase a lunch for your child(ren) right after VBS ends.
To help us better prepare please mark **how many lunches** you will be purchasing under each day.
Price \$1.50—Please pay for lunches before 9:00a on weekdays.*

<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
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Yes! I'm interested in volunteering.

Please mark the areas that you would be interested in:							
<input type="checkbox"/>	Registration	<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Small Group Leader	<input type="checkbox"/>	Pre-School
<input type="checkbox"/>	Refreshments	<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Large Group Teacher	<input type="checkbox"/>	Nursery
<input type="checkbox"/>	Music	Name of Volunteer:					

_____ **Please write in your t-shirt Size**

Office Use

<input type="checkbox"/>	Child entered in ACS - VBS Activity Group
<input type="checkbox"/>	Volunteer entered in ACS - CH VBS Team

Office Use