



**OFFICE USE ONLY**

**Date of Registration:**  
**Assigned to Crew:**

**Paid:**  Cash       Check #       Scholarship

**Siblings:**  
**Notes:**

**Mountain Springs Church  
VBS 2010**

**Please complete one form per child**  
 (\$25/ child includes VBS T-shirt, Snacks, Crafts and 1 Worship CD/family)

<input type="checkbox"/> <b>Session 1 : June 7th - 11th</b> 9am - Noon	<b>T-Shirt Size</b>	<input type="checkbox"/> 4/5	<input type="checkbox"/> 6/8	<input type="checkbox"/> 10/12	<input type="checkbox"/> 14/16
<input type="checkbox"/> <b>Session 2 : June 14th - 18th</b> 9am - Noon	<b>T-Shirt Size</b>	<input type="checkbox"/> 4/5	<input type="checkbox"/> 6/8	<input type="checkbox"/> 10/12	<input type="checkbox"/> 14/16

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Last school grade completed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**PLEASE NOTE: Early Childhood Participants MUST be 3 1/2 years old and fully potty trained!**  
 {Potty trained means out of a pull-up and able to notify a Crew Leader that they need use the restroom.}

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_ **Home E-mail Address:** \_\_\_\_\_

**In case of Emergency Contact:**

<b>Mother:</b> _____	<b>Phone:</b> _____
<b>Father:</b> _____	<b>Phone:</b> _____
<b>Other:</b> _____	<b>Phone:</b> _____

**Allergies or other Medical Conditions:**  
 (PLEASE NOTE: Parents must provide snacks each day for children with food allergies.)

\_\_\_\_\_

\_\_\_\_\_

**Home Church:** \_\_\_\_\_

**Video/Photograph Authorization:** During both sessions of VBS we will be randomly taking both video and photographs of the children as they worship, play, and participate! We would like to ask you for your permission to take video and photographs of your children, as well as use them for future Children's Life purposes. This could include, but is not limited to DVD, videos, and publications.

I authorize MSC to take video/photos of my child during High Seas VBS.       Yes       No

I authorize MSC to use video and/or photos taken during High Seas VBS for future Children's Ministry DVD, videos, and publications.       Yes       No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_