



# CALVARY EPISCOPAL CHURCH

## VACATION BIBLE SCHOOL

July 19-23, 2010

9:00am – 12:00pm

# REGISTER TODAY!

Online at [www.calvaryrichmond.org](http://www.calvaryrichmond.org) or by completing the form below and returning it to:

Calvary Episcopal Church

P.O. Box 330

Richmond, TX. 77406

or by Faxing it to: 281-232-5945



**REMINDER: VBS is open to children age 3 and older. Child must be potty trained.**

Please use ink & print clearly. We must be able to reach you & your emergency contacts at the phone number you list during VBS hours. Only one registration form per family.

Parent's Names: \_\_\_\_\_

Email address (Important, print clearly): \_\_\_\_\_

Address: \_\_\_\_\_

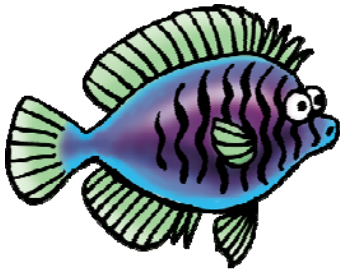
Home Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Alt. Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Who will be picking up your child/children? \_\_\_\_\_

Ph#: \_\_\_\_\_

What is your Home Church: \_\_\_\_\_



1st Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completed in '10 \_\_\_\_\_

Special needs, allergies, or other important information regarding your child:

\_\_\_\_\_

2nd Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completed in '10 \_\_\_\_\_

Special needs, allergies, or other important information regarding your child:

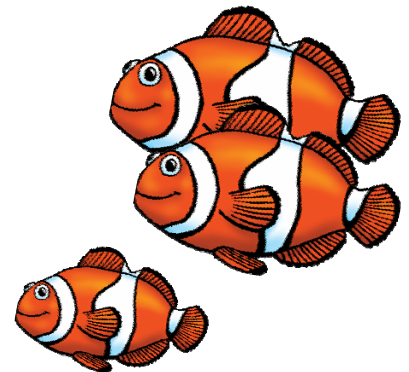
\_\_\_\_\_

3rd Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completed in '10 \_\_\_\_\_

Special needs, allergies, or other important information regarding your child:

\_\_\_\_\_



**PLEASE USE BACK OF PAGE TO ADD ADDITIONAL CHILDREN.**



Emergency Contact Person: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Home Ph# : \_\_\_\_\_ Cell Ph# : \_\_\_\_\_ Alt. Ph# : \_\_\_\_\_

I understand that participation in Calvary Episcopal Church's Vacation Bible School is voluntary, I do not hold Calvary, the Diocese of Texas, staff, volunteers, any agents of, or any one involved, liable in case of an accident during participation in VBS. In case of an emergency, I give Calvary and/or its agents permission to provide any & all emergency treatment necessary and I assume all financial responsibility for said treatment.

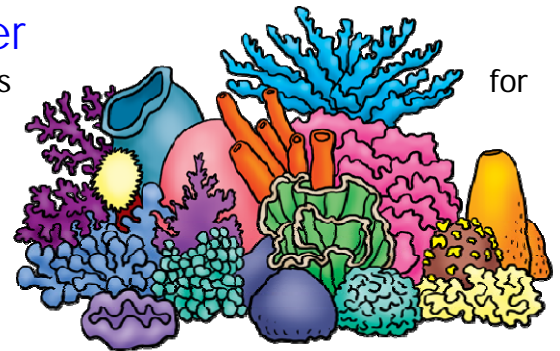
Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## You Can Help as a VACATION BIBLE SCHOOL volunteer

There are many different ways you can help at VBS, whether it is the entire week or only a few hours your assistance is welcome!

Set an example of service to others for your child and as an added bonus teens in need of SERVICE HOURS will be awarded for the time they spend at VBS.

Of course, an offering of money or supplies to support VBS is always welcome.



Discover how you can help. Call the church office: 281-342-2147  
(or just complete the area below and return it with your registration)

### WHERE WILL YOU SERVE?

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS (IMPORTANT, PRINT CLEARLY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WHEN I CAN VOLUNTEER: \_\_\_\_\_

WHAT I PREFER TO DO AS A VOLUNTEER: \_\_\_\_\_

IF YOU ARE UNDER 18, PLEASE LIST YOUR AGE AND GRADE COMPLETED IN 2010.

\_\_\_\_\_