

Best phone number in case of emergency:

Name _____ # _____

Who will be picking your child up from VBS? _____

If members of a church, where? _____

Please indicate T shirt size:

____ Youth Small ____ Youth Med ____ Youth Lg ____ Adult Small

____ Adult Med ____ Adult Lg ____ Adult XL ____ Adult XXL



Does your child have any known allergies or health concerns that we need to be aware of? ____ Yes ____ No

If yes, please explain: _____

My child (name) _____ has my permission to participate in all activities at Vacation Bible School at Seneca Presbyterian Church.

Parent's Name - Print

Parent's Signature

Date

Seneca Presbyterian Church

115 West South 1st Street, Seneca, SC, 29678
865-882-2505 ♦ www.senecapresbyterianchurch.com
Email: senecachurch@bellsouth.net



Vacation Bible School

July 26-30, 2010 ♦ 9:00 – 11:45 a.m.
For ages 4 thru 5th Grade

**Come join us for a week full of
crafts, stories, songs, kids,
food and fun!**

Bring your friends!

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JOIN US UNDER THE BAOBAB TREE!

Monday Meet **Faye the zebra** and learn how to **trust** through the story of Abraham.

Tuesday Meet **Amy the monkey** and learn how to **love** through the story of Joseph.

Wednesday Meet **Bud the elephant** and learn how to **follow** through the story of Jesus calling the disciples.

Thursday Meet **Sam the meerkat** and learn about **caring** through the story of the good Samaritan.

Friday Meet **Blossom the giraffe** and learn about **sharing** through the story of Phillip and the Ethiopian.

Parents: Come join us for lunch on Friday at 11:45 a.m. The kids will be presenting some of what they've made and learned, and singing their canyon songs for you!

Also, please plan to join us on Sunday, August 1 when the children will present their program at the Sunday service.

Sign up today!



Vacation Bible School REGISTRATION FORM

July 26-30, 2010 ♦ 9:00 – 11:45 a.m.
For ages 4 thru 5th Grade

Please complete the following registration form, both sides, and return it to the church office **no later than July 20**. Please complete **one form for each child** who will be attending VBS.

Please Print Clearly

Student's Name _____

Birthdate (mm/dd/yy) ___/___/____

Last Grade Completed (as of May, 2010) _____

Address _____ Phone # _____

Parent/s' Name _____

Email address _____
(We will be contacting you via email with special information about VBS)

Mom's Cell _____ Dad's Cell _____

How did you hear about our VBS? _____

(OVER) ☞ ☞ ☞ ☞ ☞ ☞ ☞ ☞

