

# Vacation Bible School 2010!

St. Andrew's Episcopal Church  
First Congregational Church of Madison  
June 21 – June 25, 2010

**“DARE TO BE DIFFERENT!”**

Vacation Bible School will be held from 9:00am – 12:00pm for children three years through eighth grade. Children must be potty trained. Cost is \$65 per child for children entering K-5<sup>th</sup> grades ; \$75 per child for 3s, 4s, and young 5s; \$85 per child entering 6<sup>th</sup> through 8<sup>th</sup> grades. Please complete a form for each child. Scholarships are available on a confidential basis (see Lyn Lunn). I am enclosing a check in the amount of \$\_\_\_\_\_.

CHILD'S LAST NAME FIRST NAME

BIRTH DATE AGE GRADE ENTERING (10-11)

HOME TELEPHONE # WORK PHONE # CELL PHONE #

NUMBER AND STREET ADDRESS CITY ZIP CODE

Emergency Contact, if parent cannot be reached at above numbers. Include name, phone #, & relationship.

WE (regularly attend) (are members of) \_\_\_\_\_  
Name & Location of Church

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Vacation Bible School program at St. Andrew's Episcopal Church and First Congregational church in Madison, Connecticut. I waive any claim against St. Andrew's, First Congregational, and its approved leaders or sponsors. In case of medical emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I the parent/legal guardian of \_\_\_\_\_, a minor, hereby authorize and give consent to the physician selected by the approved leader, sponsor or chaperone, to select proper treatment. I understand that every attempt will be made to contact my child's physician first.

Date Parent/Legal Guardian Signature Parent/Legal Guardian Name Printed Relationship

Family Physician Phone # Family Dentist Phone #

Insurance Company Phone # Name of Policyholder Policy #

Allergies (including food) Special Needs