

It's *THAT* time of year again...time to register your child or grandchild for First Presbyterian Church of Brandon's Vacation Bible School! This year's theme is "Walk this Way." We're taking the kids on a journey to learn how to ...

LISTEN to God

TALK to God

and even SHARE THEIR FAITH.

We'll hit the road with Paul and ask the same questions he asked and make some incredible discoveries along the way. <u>Class space is limited</u> so grab your gear, check your GPS and get ready to WALK THIS WAY by signing your child or grandchild up now!

WHAT: Vacation Bible School

WHEN: July 25-29

9 a.m. – 12:00 p.m.

WHERE: First Presbyterian Church of Brandon

121 Carver Street Brandon, FL 33510

WHO: Children completing the following grades in June 2016

Pre-3, Pre-K, Kindergarten, 1st – 5th Grades

NOTE: FPCB requests a donation of \$20 (\$40 Family out of pocket maximum) to help offset the cost of supplies.

VBS REGISTRATION FORM 2016

First Presbyterian Church of Brandon

DATE *Grade con	*Grade completed in June 2016 (Pre-3, Pre-K, K, 1, 2, 3, 4, 5)				
Child's Name/Nickname	DOB	Grade Comp. in June 2016*	GENDER (M/F)	TShirt Size*	
**TShirt Sizes: (PARENT INFORMATION:	C= Child, A	= Adult) CS, CM,	CL, CXL, AS	S, AM, AL, AXL	
	<u> </u>	EMail_			
Mailing Addraga					
(Street)		(City)		(Zip)	
<u>CIRCLE ALL THAT APPLY:</u>					
MEMBER/FAMILY RELATION OF FPCB PRES	CHOOL FA	MILY NOT	AFFILIATE	WITH FPC	
I am willing to help with VBS, please contact me:					
<u>EMERGENCY CONTACT</u> (if other than parent)					
NamePhone #		Polati	onchin		
<u>PERSON AUTHORIZED TO PICK UP CHILD (ID WILL BE REG</u>	UIRED IF O	<u>THER THAN PAREN</u>	<u>T)</u>		
Name Relationship to C	elationship to Child(ren) Phone Number				
MEDICAL ALERT INFORMATION (ie: ALLERGIES, MEDICAL CON	<u>DITIONS)</u>				
Food Allergies:					
Other Allergies:					
Medical Conditions:					
PHYSICIAN'S NAME AND TELEPHONE NUMBER					
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:					
If my child(ren)	sł	nould become ill or	iniured at Fir	st Presbyteriar	
Church of Brandon, I understand that the VBS staff will: (1) Co	ntact me im	mediately and (2) (Contact the p	erson(s) I have	
designated in the case that I cannot be reached. Should the sta are authorized to contact my child's physician and/or arrange n					
medical services rendered.	ieulcai ireai	inent. i wiii accept	responsibility	ioi payment o	
Signature Delationship to	Child/ron)			Nata	
Signature Relationship to	Child(ren)		L)ate	
EXTRA INFORMATION:(Initials) I give permission for my child(ren) listed above to	ho photogra	nhad at this same			
To help pay for supplies, FPCB requests a \$20 donation for e Please submit your payment to FPCB via check (put "VBS" on		•	•		
(Initials) Please Note: If you <u>do not</u> show up the first day o		,		J	

next person on the wait list. Your registration money will be graciously donated to the VBS scholarship fund.