

Saratoga Federated Church
Vacation Bible School 2011
Registration Form [one form per family unit]



Family Last Name: _____
 Father's First Name: _____ Mother's First Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____
 Mother's Cell Phone: _____ Mother's Email: _____
 Father's Cell Phone: _____ Father's Email: _____
 Home Church: _____

Child's Name: _____ Age: _____ DOB: _____ T-Shirt Size: XS S M LG XL Gender: M F Grade Fall '11: _____ Special Needs: _____ School: _____ Would like to be in class with these TWO friends: _____
Child's Name: _____ Age: _____ DOB: _____ T-Shirt Size: XS S M LG XL Gender: M F Grade Fall '11: _____ Special Needs: _____ School: _____ Would like to be in class with these TWO friends: _____
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PLEASE NOTE NEW REGISTRATION FEE SCHEDULE

EARLY BIRD VBS REGISTRATION
 \$75.00/child (\$225.00 family maximum) by **APRIL 15**
 Number of Children: _____

AFTER APRIL 15 VBS REGISTRATION
 \$150.00/child (no family maximum)
 Number of Children: _____

<u>Volunteer Position(s)</u> 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____ Teacher T-Shirt Size: _____

TOTAL \$ _____

IN ORDER TO PROCESS YOUR REGISTRATION FORM, YOU MUST CHOOSE A VOLUNTEER POSITION. PLEASE DON'T MISS THIS STEP.

Registration Number: _____ Reviewed By: _____

SEE REVERSE FOR NURSERY AND 3s INFORMATION

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Nursery care is provided to children (under age 4 as of 6/1/11) whose parent is working on site during the week of VBS. There is NO CHARGE for these children. Please note: they will not receive a VBS t-shirt.

Child's Name: _____ Age: _____ DOB: _____ Gender: M F Special Needs: _____
Child's Name: _____ Age: _____ DOB: _____ Gender: M F Special Needs: _____

Three Year Old Class is provided ONLY for children age 3 (as of 6/1/11) whose parent is working on site (either SFC or Oak Street School) FULL TIME (3 hours, 5 days). The \$75.00 (Early Bird) or \$150.00 (after April 15) fee applies to this class as these children work through curriculum and will receive a VBS t-shirt.

Full Time Position Held by Parent: _____

Child's Name: _____ Age: _____ DOB: _____ T-Shirt Size: XS S M LG XL Gender: M F Special Needs: _____
Child's Name: _____ Age: _____ DOB: _____ T-Shirt Size: XS S M LG XL Gender: M F Special Needs: _____