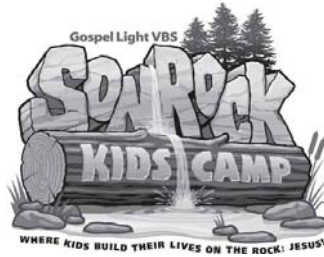


Faith Lutheran Church's

**Vacation Bible School 2009**



**July 13 – 17                      9am – Noon**

- ◆ The “Son Rock Kids Camp” is a fun, spirited program to teach children about God and caring for others.
- ◆ Crafts, music, games, snacks and more for kids preschool age “3’s” to 6th grade.
- ◆ Registration, which includes a Son Rock CD, is \$25 per child, or \$50 per family of 3 or more.

**Sign up now and bring a friend!**

Please call the Church office if you have any questions ~ (707) 539-2521.

Mail registration to:

**Faith Lutheran Church**

4930 Newanga Avenue, Santa Rosa, CA 95405

**REGISTER NOW! DEADLINE IS JULY 6th.**

**Return filled in bottom portion, front and back, with your registration fee.**

**Registration Form  
2009 VBS – Faith Lutheran Church**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Child's Grade (Fall 2009) \_\_\_\_\_ Sex : Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Persons to be contacted in case of emergency: Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

*(Over please)*

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Does your child have any medical condition(s) that we should be aware of?

\_\_\_\_\_

(allergies, medications, etc.) If so, please explain.

\_\_\_\_\_

Siblings who will also be attending VBS \_\_\_\_\_

My child would like to be in class with the following friend or friends: (*we will do our best to accommodate*)

\_\_\_\_\_

I would like to volunteer to help with \_\_\_\_\_

\*I hereby give permission to Faith Lutheran Church to provide emergency First Aid/CPR and seek or transport my child listed above for professional medical assistance if necessary.

I give permission for my child to be photographed during VBS activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_