



OFFICE USE ONLY

Entering ___ Grade
Paid: Yes ___ No ___
Cash ___ Ch. # ___
Amount

VACATION BIBLE SCHOOL REGISTRATION FORM 2017

www.3vc.org ~ (631) 941-3670

Galactic Starveyors VBS 2017 Discover the incredible mysteries of the final frontier—right from your own backyard. Your telescope becomes a portal through which you encounter amazing and wonderful things designed by a Creator who is even bigger than the vastness of His creation. But the most amazing wonder to be discovered truly boggles the mind. The God who created everything there is—the knowable and the unknowable, the visible and the invisible—wants a relationship with you! And from the very beginning, God had a plan to restore the relationship He knew we would break.

Who: All children **entering kindergarten through 7th grade**

Where: **Three Village Church**, 322 Rt. 25A, East Setauket, NY 11733

When: **August 7 - August 11 (Monday—Friday)** from **9:00 am - 12:00 noon***

*Please Note: **VBS Closing Program & Luncheon during 11:00 a.m. Church Service, Sunday, August 13.**

Please fill out **FRONT and BACK OF FORM** and complete a **separate registration form for each child attending.**

Date: _____ (Please print clearly)
Child's Name: _____ Grade Completed: _____ Gender: M / F
Address: _____ City: _____ Zip: _____
Phone number: _____ e-mail _____
Birth date: ___/___/___ Age (as of Aug. 7): _____ School: _____
Parents Names: _____
Emergency Contact Name and Phone Number: _____
Church Affiliation: _____

May we contact you about upcoming events or services? _____

Siblings at Vacation Bible School

Name _____ Age _____ Grade Completed: _____
Name _____ Age _____ Grade Completed: _____
Name _____ Age _____ Grade Completed: _____

Allergies and other medical information

Buddy Request: The child(ren) requested must be in the same grade to be placed together in the same class:

The VBS staff will make every effort to honor requests to place your child in a class with a friend. Because of the large number of children who attend our program, some flexibility may be necessary in order to balance our classes.

Please trust that the placement of your child will result in a rewarding and enriching VBS experience.

If you have any questions, please **contact our VBS Director, Theresa Stopper, at trustingpromises@gmail.com or (631) 988-1731.**

Please register your child as early as possible so we can plan for adequate staff and activities. **Registration Deadline is July 23th.** After this date, children may be placed on a waiting list! **There is a \$15 non-refundable fee per child. This fee will help cover the costs of the program.**

Make check payable to Three Village Church (VBS on memo line).
If you are unable to afford the fee, please let us know - we want your child to attend!

**** PLEASE COMPLETE & SIGN FORM ON BACK ****

Three Village Church

Vacation Bible School Permission and Release Form

(Please sign in blue or black ink)

Permission: *(Please print clearly)*

We the parents/guardians of _____, currently residing at _____, do hereby give permission for the above named child to attend all of the activities for Vacation Bible School (also known as VBS), including but not limited to, a weekly program of Bible study, crafts, music, skits and outdoor/indoor recreation during the period of August 7 through August 11, 2017.

Release:

We further agree to hereby release **VBS, The Three Village Church**, as well as any other sponsoring church or agency and their leaders and assistants, from any and all responsibility and liability of any nature whatsoever, except for willful negligence, for any loss of personal property or injury while our child shall attend such activities.

Date: _____

Signature of Father (or Legal Guardian)

Print Name of Father (or Legal Guardian)

OR

Signature of Mother (or Legal Guardian)

Print Name of Mother (or Legal Guardian)
