



Register your child OR invite a neighbor child or friend to:

There's No Place Like Rome - Vacation Bible School

June 22-25, 2009 *9:00 a.m. – Noon*

Evangelical Free Church 1701 S. 19th Ave. – 587-3337

Our four-day VBS is open to ALL children ages 4 yrs. old – finishing 5th grade. An Adventure back in time with great Bible stories, crafts, games, snacks, songs, and exciting ways to share God's love!

Children will also help with a life changing service project.

Join us on Thurs. June 25 for our family friendly festival 5:30 -7:30

Child's Name _____ \ _____ Male _____ Female _____
(Preferred Name)

Mailing Address _____ Zip Code _____

Age _____ Birth date _____ Grade (just completed) _____

Parents/Legal Guardians name(s) _____

Phone (Home) _____ (Work) _____ (Cell) _____

Emergency contact: _____ Phone _____ Home Church _____

EFree Children's Ministries exist because of a team of committed volunteers who love Jesus.

Please circle the area(s) you can assist Vacation Bible School this year: Snacks, Crafts, Music, Skits, Nursery, Games, Registration, Carnival, Special Needs, Donation, Other: _____

Our goal is to minister to every child. PLEASE complete the back of this form

Registration Deadline - June 15

Please answer the following questions regarding your child so we may better serve him/her.

Information on your child is considered confidential and will only be used by the staff and teachers directly involved with him/her.

Allergies/Asthma -

- Is your child allergic to:
 - Any foods? YES NO If yes, please list _____
 - Bee/wasp stings? YES NO If yes, does he/she carry an EPI pen? YES NO
 - Airborne allergens? YES NO If yes, please list _____
 - Medications? YES NO If yes, please list _____
- Does your child have asthma? YES NO If yes, does he/she carry an inhaler? YES NO

Reading-

- Does your child require assistance? YES NO

How can we assist him/her? _____

Mobility-

- Does your child require any physical assistance? YES NO

How can we assist him/her? _____

Impairments-

- Does your child have any vision, hearing, speaking, writing or sensory impairments? YES NO

How can we assist your child? _____

Attention/Transitions-

- Does your child have any attention problems? YES NO If yes, what helps? _____

- Does your child have trouble with transitioning from one task/event to the next? YES NO

If yes, how can we help? _____

Are there any other behaviors or concerns we should know about? Please be specific _____