

REGISTRATION FORM FOR

FINDING TRUTH BELOW THE SURFACE

2016 VACATION BIBLE SCHOOL

Prepare to embark on an adventure like no other, scouring the mysterious fathoms of the deep sea. Thrilling discoveries await just beyond the portholes of your submarine. Things look very different once you get below the surface - and that's true for life above the surface, too.

As kids submerge themselves in God's Word, they will discover that Jesus saw people differently. He didn't just see what's on the outside; He saw who people were down deep.

As kids learn to see themselves and others as Jesus sees them, they can realize that everyone needs a Savior - even those who look like they have it all together. A relationship with Jesus Christ changes everything! All you have to do is dive in!

July 11-16 9-12:00 a.m.



Second Baptist Church
100 N. Main, Suffield, CT
860-668-1661

Fill out and return this form to the church office. Thanks!

Children 4 years old to those entering sixth grade are invited to join
Us to learn how to shine God's light.

The cost will be \$25 for the 1st child and then \$15 for remaining children in the family.

For more information contact: Sue Begin 668-1661 or 860-402-7813.



NAME _____

Age _____

Grade ('15-'16 school year) _____

PARENT'S NAME _____

Address _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

E-Mail Address for further promotion of Children's Events: _____

VBS 2016 Medical and Photography Permission Form

Please read and complete the following information for each child you have attending Vacation Bible School. Please bring the completed form to VBS.

Child's Name: _____

Medical Insurance Information

Medical Insurance: YES ___ NO ___

Insurance Company: _____

Policy/Group ID#: _____

Medical Treatment Permission

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Permission to Use Photographs:

I give my permission for my child to be photographed and allow First Church of Christ and Second Baptist to use said pictures for a VBS production..

YES ___ NO ___

Parent/Guardian Signatures

Signature: _____

Date: _____

*** Allergies we should know about _____

Food Allergies _____

Emergency Telephone Number where you can be reached in an emergency.

Emergency Contact & telephone number. This person will be called if we can not reach you.

_____ # _____





VOLUNTEER REGISTRATION FORM FOR

7th graders to Grandparents, **you're needed** as leaders for music, crafts, snacks, recreation, drama, theme presenters & counselors. People interested and willing to be a part of this wonderful experience **Please fill out and return the form to the Church Office at 2nd Baptist Church , First Church of Christ or West Suffield Congregational Church**

ADULT/YOUTH VOLUNTEER

Volunteers under 15 need to pay the registration fee..

NAME _____

Age _____ Grade ('15-'16 school year) _____

Address _____

Home Phone # _____ Cell Phone # _____

E-Mail Address: _____

PARENT'S NAME (if applicable) _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Come on, we need you!

