



2008 Kids Vacation Bible School

Monday, July 21, 2008 – Friday, July 25, 2008 from **9:00 am – 12:00 pm**

San Fernando Valley Holiness Church

9610 Haddon Ave, Pacoima, CA 91331 Phone: (818) 896-1676

Registration Fee: \$10 – first child \$5 – each additional child

Classes: Mommy & Me (ages 0-3) to 6th graders (in fall '08)

Please make checks payable to SFV Holiness Church

REGISTRATION DEADLINE: June 30, 2008

Late Fee (Church members only): add \$5

Mail to: SFVHC VBS, P.O. Box 330069, Pacoima, CA 91333

PARENT/GUARDIAN INFO:

Name: _____

Street Address: _____

City: _____ Zip Code: _____

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

Email Address: _____

Emergency Contact: _____ Emergency Phone #: _____

Name of home church, if any: _____

MOMMY & ME CLASS (ages 3 and under): *A parent/guardian is required to accompany infant/toddler for this special class.*

Child #1

Name: _____ Birth date: ____ / ____ / ____
 School grade just completed: _____
 Which days can child attend VBS? M T W TH F All
 Does child need transportation to VBS? Yes No
 Allergies, food restrictions, or other concerns: _____

T-shirt size (please mark only one):

Toddler Sizes	Youth Sizes	Adult Sizes
<input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T	<input type="checkbox"/> S ₍₆₋₈₎ <input type="checkbox"/> M ₍₁₀₋₁₂₎ <input type="checkbox"/> L ₍₁₄₋₁₆₎	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

Child #2

Name: _____ Birth date: ____ / ____ / ____
 School grade just completed: _____
 Which days can child attend VBS? M T W TH F All
 Does child need transportation to VBS? Yes No
 Allergies, food restrictions, or other concerns: _____

T-shirt size (please mark only one):

Toddler sizes	Youth Sizes	Adult Sizes
<input type="checkbox"/> 2T <input type="checkbox"/> 3T <input type="checkbox"/> 4T	<input type="checkbox"/> S ₍₆₋₈₎ <input type="checkbox"/> M ₍₁₀₋₁₂₎ <input type="checkbox"/> L ₍₁₄₋₁₆₎	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

As the parent/guardian of _____, I hereby grant authority to the San Fernando Valley Holiness Church of Pacoima, CA, its ministers and/or staff to authorize medical attention, emergency or otherwise, to my child (if needed) from July 21 – July 25, 2008.

SIGNATURE OF PARENT/GUARDIAN: _____

Registrar only: Date Rec'd ____ / ____ Amt. paid \$ _____ Check # _____ Cash _____