



2010 Vacation Bible School
 Monday, July 26, 2010 - Friday, July 30, 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 0-36 mos) PreK to 6th grade (in fall '10)

REGISTRATION DEADLINE: July 4, 2010

Late Fee (church members only) : add \$10

Please make checks payable to SFV Holiness Church

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 (0 to 36 months) : A parent/guardian is required to accompany child for this special class.

Child # 1

Name : _____ Birth date : ____/____/____

School grade in fall '10 : _____ Child is a boy _____ girl _____

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 : _____

<input type="checkbox"/> 1st Child	\$ 10	cape
<input type="checkbox"/> Any add'l	\$ 5	included!
<input type="checkbox"/> Late fee	\$ 10	(for church members only after July 4th)

Child # 2

Name : _____ Birth date : ____/____/____

School grade in fall '10 : _____ Child is a boy _____ girl _____

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 : _____

<input type="checkbox"/> 1st Child	\$ 10	cape
<input type="checkbox"/> Any add'l	\$ 5	included!
<input type="checkbox"/> Late fee	\$ 10	(for church members only after July 4th)

Child # 3

Name : _____ Birth date : ____/____/____

School grade in fall '10 : _____ Child is a boy _____ girl _____

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 : _____

<input type="checkbox"/> 1st Child	\$ 10	cape
<input type="checkbox"/> Any add'l	\$ 5	included!
<input type="checkbox"/> Late fee	\$ 10	(for church members only after July 4th)

As the parent/guardian of _____, I hereby grant authority to the San Fernando Valley Holiness Church of Pacoima, CA, its ministries and/or staff to authorize medical attention, emergency or otherwise, to my child (if needed) from July 26th to July 30th, 2010.

SIGNATURE OF PARENT/GUARDIAN : _____

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