## $\begin{array}{c} REGISTRATION\ FORM\ (one\ form\ per\ child)\\ (PLEASE\ PRINT) \end{array}$

Child's Name		,	For security reasons	
Birth Date Gi	ade/Preschool Year Completed		please attach your	Child's
Address		_	child's photo.	
City		T Shirt Size: YS YM YL A	AS	Photo
Phone ()	Church Home			
Parents' Names	Parent email			
	(Us	ed <u>only</u> to keep you updated on VI	BS information!)	
		EACE (		
In case of emergency, notify: Parent /		LEASE (required)		
Name	Phone			
If parent <u>cannot</u> be reached, notify: Name	Phone			
Please identify any specific health problems			ating physician should be aware	e, such as allergies
allergies to medication such as penicillin, ur				, such as allergie.
PLEASE PRINT.				
	PARENT'S AU	JTHORIZATION		
If reasonable attempts to contact me have been un	successful in an emergency, I hereby give p	ermission to The Rocky River Presbyter		
emergency treatment including transport to a local surgery unless the medical opinions of two license	ed physicians or dentists, concurring in the n	ecessity for such surgery, are obtained p		
DateSignature_				
	Pare	ent / Guardian (circle one)		
			• 1\	
For and in consideration of permitting the person	PARTICIPANT WAIVEI			v voluntarily release
discharge, and relinquish any and all actions, cause	es of action, and claims for personal injury o	r property damage of or to the participar	nt arising out of, or in any way related	to, their participation
in such program. I represent that I understand the officers, agents, volunteers, servants, and employer				
or its officers, agents, volunteers, servants, and en	mployees. I also give permission for my c	hild to be photographed and understa		
premises or published in church literature. Only				
Date Signature	Parent / (	Guardian (circle one)		
	raicii / C	dardian (chere one)		
THE FOLLOWING PERSON	N(S) ARE AUTHORIZED	TO PICK MY CHILD U	U <b>P:</b>	
		PLEASE RET	URN COMPLETED	
1. NAME:		REGISTRATION	FORM WITH CASH OR	
PHONE:			LE TO "RRPC" TO LISA	
2. NAME:		WATTS AT	THE ROCKY RIVER	
		PRESBYTI	ERIAN CHURCH.	
PHONE:		amt	pd date	
		-	_check number	
VOLUNTEE	ERING OPPORTUNITIE	S - You are the key to	our VBS success!	
	ote that a volunteer day r	•		
2 300000 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	I could hel	p during VBS		
All v	veekPart week (cir		before VBS week	
			serore vas ween	
	M	T W Th F		
	141	_ 11 III I		
I am willi	ing to make a donation f	or snacks (von will he	contacted with speci	ific items
I am wiii	me to mane a aonadon i	needed)	commence with speci	
		1100000)		

## ROCKY RIVER PRESBYTERIAN CHURCH & ST. CHRISTOPHER CATHOLIC PARISH

Present

## VACATION BIBLE SCHOOL

at

Rocky River Presbyterian Church, 21750 Detroit Road Rocky River, Ohio 44116 (440) 333-4888

## We Spark the Change!

Monday, June 12 – Friday, June 16, 2023 9:00 – 11:30 am

Ages 4 through Grade 4 at Rocky River Presbyterian Church

Community Picnic and Program Friday, June 16, 2023 6:00 pm

A donation of \$35.00 for the first child and \$25.00 for each additional child is suggested. Please make checks payable to Rocky River Presbyterian Church. The maximum per family is \$75.00. Scholarships are available by calling Lisa Watts at Rocky River Presbyterian Church at (440) 333-4888.

Don't let the kids have all the fun! See other side for opportunities to be involved! Registration and class size are limited, so early registration is encouraged.

Registration closes Friday, June 1, 2023 at 3 pm.

IF SPACE IS STILL AVAILABLE AFTER JUNE 1, ADDITIONAL REGISTRATIONS WILL BE ACCEPTED WITH A LATE FEE OF \$10 PER CHILD.

Please see other side for registration form.

There will be NO PARENT MEETING this year. If you are a volunteer, you may pick up your child's information at a volunteer meeting on Monday, June 5 at 7:00 pm. Otherwise, you <u>must pick up information</u> at RRPC the week before VBS (June 5-9) during regular church office hours: 8:30 am-3:30 pm., before noon on Friday. Please call Lisa Watts at 440-333-4888 or Sharon Armstrong at 440-331-6226, ex. 402 for more information.