

**WONDER**  
**Vacation Bible School**

*August 20<sup>th</sup>-23<sup>rd</sup>*

*8:45am-Noon*

*Cost: \$15 per child, \$35 per family maximum*

*Dinner Celebration: August 23<sup>rd</sup>, 6pm*

**Trinity Presbyterian Church**

185 Swaggertown Road

Scotia, NY 12302

(518) 399-8782

scotiatrinity.org

Co-Pastors:

Rev. Kathy Gorman-Coombs & Rev. Dr. Tim Coombs

Space is limited – Registration deadline is August 10th.

Please complete the form below to enroll your child.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Mailing Address: (include city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contacts: (Please list in the order you would like to be called in the event of an emergency)

1. \_\_\_\_\_

2. \_\_\_\_\_

Does your child have any life threatening medical conditions and/or food allergies?

(Please explain)

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Is there anything you would like us to know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you available to volunteer?

\_\_\_\_\_

Church affiliation?

\_\_\_\_\_

From time to time photos taken at our church are used on our church website, facebook page and/or in the newspaper. Check here if you DO NOT wish to have photos of your child used in this way. \_\_\_\_\_

Parent or Guardian Signature:

\_\_\_\_\_