

HYPERLINK "http://www.thevbsplace.org"

2009 Vacation Bible School

Ryan Community Vacation Bible School **for those in Pre-K through 5th grade**

Sunday July 19, 2009 - Thursday July 23, 2009

5:45pm - 8:15pm

Parent/Guardian Name _____

Street Address _____

City/State _____ Zip _____

Phone _____ E-mail _____

Child's Name _____ (Age) _____ Grade Entering _____

Shirt Size: Y or A - XS S M L XL

Child's Name _____ (Age) _____ Grade Entering _____

Shirt Size: Y or A - XS S M L XL

Child's Name _____ (Age) _____ Grade Entering _____

Shirt Size: Y or A - XS S M L XL

Child's Name _____ (Age) _____ Grade Entering _____

Shirt Size: Y or A - XS S M L XL

Child's Name _____ (Age) _____ Grade Entering _____

Shirt Size: Y or A - XS S M L XL

Allergies, Medical Concerns, or Special Needs: _____

To Whom It May Concern:

The child(ren) listed above have my permission to participate in all activities of Ryan Community Vacation Bible School. I understand all events will have adult supervision. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the staff in charge. This consent and release is in effect until I give the Ryan Community Vacation Bible School written notice to the contrary. I hereby give my consent to any medical staff to treat my child in an emergency situation in the event that it is impossible to reach me personally and such is required in the best judgement of the staff.

Signature of parent/guardian _____ Date _____

In case of emergency contact: Parent/Guardian/Other: _____

_____ Phone: _____

Fee: \$10.00 per child - \$18.00 per family

_____ Yes! I will donate my time and talent to VBS!

_____ Yes! I will donate supplies to VBS!

Registration deadline is **July 1, 2009**. Drop in collection basket or mail forms to:
St. Patrick, P.O. Box 219, Ryan, Iowa 52330-0219