



CHOOSE

ONE

WEEK

July 16 – 20

OR

July 23 – 27

OR

July 30 – Aug 3




Monday to Friday  
9:00 a.m. to 11:45 a.m.

**AGES: 3 YEARS (by April 1, 2018 & Potty Trained) TO 8<sup>th</sup> GRADE**

PARENT EMAIL (REQUIRED – Please print): \_\_\_\_\_

Once registered, you will receive an email confirmation.

PLUS: The classroom assignment will be emailed to the above email address by the Sunday prior to your assigned week.

Child's First Name (Add add'l children on back)	Child's Last Name	Birthdate (mm/dd/yyyy)	Grade (Going into in the Fall of 2018)	Gender	Allergy or Medication* Emergency or prescription medications (ie. Inhaler, EpiPen, Benadryl)?	Medical Concerns (Space available on back)	Previously Attended Hope's VBS (Y/N)	Name of ONE Friend to place your child with (same grade)

\*If your child has emergency or prescription medication, please see the nurse on the first day of VBS.

If your child has a food allergy, please bring a snack for the week on the first day of VBS and provide to the nurse.

Name of Parent/Guardian	Cell Phone No. (during VBS hours)	Address	City	State	Zip Code	Primary Contact Person During VBS (Yes/No)

Emergency Contact During VBS (if not parent listed above)	Cell Phone No. (during VBS hours)	Relationship to Child	Alternate Contact Person During VBS (1, 2)

Do you currently attend Church? **Yes or No** Name of Church:

How did you hear about VBS?  Direct Mail Card  Newspaper/Magazine  Social Media  Word of Mouth  Other (Please specify)

By submitting this form you are acknowledging:

- Photographs and Video will be taken for Hope's website, social media and outreach. No identifying information will be used. The full policy and the Opt Out Form can be found on our website at [www.sharethehope.org](http://www.sharethehope.org).
- Hope reserves the right to ask that a child be picked up early if their behavior becomes concerning and does not improve with standard behavior tactics. The full policy can be found on our website at [www.sharethehope.org](http://www.sharethehope.org).

**Need Help? Email: [vbs@sharethehope.org](mailto:vbs@sharethehope.org) or call (585) 723-4673 X 142  
Hope Church - 1301 Vintage Lane - Rochester, NY 14626**

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<b>Medical Concerns:</b>	
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