

Sparks Fly

VBS Summer Spirit Camp

Presented by

The Episcopal Church in Almaden &
The Congregational Church of Almaden Valley

408-268-0243

6581 Camden Ave. San Jose, CA 95120

Registration Form

June 16-20, 2014, 8:45 AM to 12:30 PM*

Children 4 years old through 5th grade
(completed)

*Extended Care Available (make note below)



Parents' Name: _____ Home Phone: _____

Address: _____ Daytime Phone: _____

City: _____ Zip: _____ Daytime Phone 2: _____

Home E-mail Address: _____

How did you hear about our Camp program? _____

1.

Child's Name:

_____ Age: _____ T-shirt Size/ Youth S M L XL

Birthdate: _____ Grade Completed: _____ School: _____

Medical Information (allergies, medications, etc.) _____

2.

Child's Name:

_____ Age: _____ T-shirt Size/ Youth S M L XL

Birthdate: _____ Grade Completed: _____ School: _____

Medical Information (allergies, medications, etc.) _____

3.

Child's Name:

_____ Age: _____ T-shirt Size/ Youth S M L XL

Birthdate: _____ Grade Completed: _____ School: _____

Medical Information (allergies, medications, etc.) _____

Please complete the second side of this registration form which includes a VBS Spirit Camp Medical Release form and a computation of total costs for your family.

VBS Summer Spirit Camp Medical Release

I give my permission for my child/children to attend the VBS Summer Spirit Camp at the Episcopal Church and the Congregational Church on June 16-20, 2014. In the event of an emergency, I may be reached at:

Phone Number: 1) _____ 2) _____

Other emergency contact persons:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Primary Physician: _____ Phone: _____

Health/Hospitalization Insurance: _____ Policy/Group # _____

Address: _____ Phone: _____

In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. (Please list any allergies, medications, or other medical information needed in an emergency situation for your child(ren) on the other side of this form.)

Signature of Parent/Guardian: _____ Date: _____

Computation of your costs:

VBS Summer Spirit Camp 8:45 AM – 12:30 PM: \$40/child (After May 1st \$50/child)

Multiply by the number of children in your family attending

(\$100 max/family discount until May 1st)

\$ _____

I would like extended care.

Daily Rate: 12:30 PM until 3 PM is \$15/day/child

12:30 PM until 6 PM is \$25/day/child

Please indicate days and times

_____ \$ _____

Extended care amount

Grand Total Amount

\$ _____

Make checks payable to: Joint Venture Churches with VBS in the memo line.

Mail or deliver checks to: 6581 Camden Ave, San Jose, CA 95120