



A partnership between Bridgewood, Brookwood Community, and First Presbyterian Churches

Cost is \$10/person \$30/family max (includes t-shirt)

# VBS 2011

## Registration Form

July 25-28  
6-8:30 p.m.

For ages 4 years old  
(by 9/1/11)  
through 5th grade  
(completed)

**VBS will be held at Jeffers Pond Elementary School 14800 Jeffers Pass NW in Prior Lake.**

Child #1  Boy  Girl Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Age \_\_\_ Grade Completed: \_\_\_\_\_

Friend you'd like to be with:

Special Needs/Allergies: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Child #2  Boy  Girl Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Age \_\_\_ Grade Completed: \_\_\_\_\_

Friend you'd like to be with:

Special Needs/Allergies: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Child #3  Boy  Girl Birthday \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Age \_\_\_ Grade Completed: \_\_\_\_\_

Friend you'd like to be with:

Special Needs/Allergies: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

I'd like to volunteer

### Parent Information

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Home Church: \_\_\_\_\_

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### Medical Release

I hereby give permission for the indicated children to attend Love2Serve VBS held by Bridgewood, Brookwood and First Presbyterian Churches at Jeffers Pond Elementary School at 14800 Jeffers Pass NW in Prior Lake, MN. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located, the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child. I understand that my own medical insurance will be the primary coverage. It is understood that my child will obey all regulations and follow the instructions of the leaders, or they will be sent home at parent's expense. Brookwood may use comments, photos, and videos of my child for promotions.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_

Health Insurance Firm: \_\_\_\_\_

Policy# \_\_\_\_\_

Name Policy is under: \_\_\_\_\_

Current Medications: \_\_\_\_\_

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Please send registration form to:  
Bridgewood Church  
6201 W. 135th St.  
Savage, MN 55378

## Parent Information

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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