**Plainfield Congregational**
*United Church of Christ*
*Vacation Bible School – Camp E.D.G.E.*
*July 20th to 24th*
6:00 to 8:00 pm daily

Name:_____
First Last

Street address:_____

City:_____

State:_____

ZIP:_____

Home telephone: (_____)_____

Home e-mail address:_____

Age:_____(Must be 4 by September 1, 2009)

Date of birth:_____Last school grade completed:_____

In case of emergency during a VBS session, contact:_____phone#:_____

Mother:_____

Father:_____

Other:_____

Allergies or other medical conditions:_____

**T-Shirt Size:** Youth s m l xl Adult: s m
(circle one for the child registered on this sheet)

**Person responsible for picking up this child at the end of each VBS day**

Name: _____ Phone:_____

Signature of parent/guardian: _____

**If multiple children are being registered, please submit a registration form for each child.**
**Scholarship available if your family is in need of financial assistance. Contact Pat Herman VBS Director

Date Received (for church use only)____

Amount Received (for church use only)$_____

Group: _____

## Registration Fee

The cost is $15.00 per child not to exceed $45.00 per family paid prior to June 30. After June 30th, the fee will increase to $20.00 per child not to exceed $60.00 per family. Reduced rate of $12.00/child without purchase of new shirt

Plainfield Congregational United Church of Christ
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