



Download from website, fill out and turn in at registration table
at either campus with \$10 registration fee
or mail to:

\$10_____ Pd

Meredith Drive Reformed Church, 5128 Meredith Drive, Des Moines, IA 50310

VACATION BIBLE ADVENTURES REGISTRATION
Galilee By-the-Sea, July 8-12

Name _____ Age _____ Birth Date _____ Grade Fall '07 _____

(Children going into the 4 yr. old class must be 4 by 9/15/07)

Address _____

Phone number where you can be reached _____ E-mail _____

I am bringing a friend. If possible, please put me in the same group with _____
(Friends must also fill out a registration card)

Thanks to all who signed up to teach and help!

1. If you are not teaching, to complete registration, mark one of the following

a) _____ Furnish treats (sign up on treat list on table at church, or on sign up form on web site)

b) _____ Providing a ride to VBA for an MDRC child who wouldn't otherwise be able to come

2. Please check if you are a member of MDRC and this is true for you:

_____ My child is in a daycare. I have tried to locate transportation, but cannot. My child will need a ride to attend.

3. Will you be picking your child up from VBA? _____ yes _____ no

Will someone else be picking your child up? _____ yes _____ no

List person(s) and their phone number)

Mother's name _____

Phone number to call during VBA

Father's name _____

Time (9 to noon) _____

In case of emergency, if parents cannot be reached, please call:

Name _____

Relationship _____

Address _____

Phone _____

I understand that every effort will be made to reach me in the event of an emergency. I give my permission for the personnel of Meredith Drive Reformed Church to secure emergency medical treatment as deemed necessary. I agree to assume financial responsibility for this treatment.

Please call Dr. _____ Phone _____

Should it become necessary, take my child to _____ Hospital.

Present medications, allergies or other information pertinent to emergency medical care:

Signature of Parent or Guardian

Date