

St. Luke's Episcopal Church Vacation Bible School 2008
"Surfin' Through the Scriptures" June 16-20, 2008, 9:00 a. m. to Noon
**** Registration deadline: May 18, 2008 ****
Registration received after May 18 may be placed on a waiting list.

Registrations Received by May 18, 2008	
<i>(Cost includes VBS T-shirt)</i>	
* Children ages 4 yrs through entering 5 th grade:	\$15 per child
* Teen Helpers (entering 6 th – 12 th grades):	\$10 per teen
Maximum: \$45 per family	

Registrations Received <u>after</u> May 18, 2008	
<i>(T-shirt availability on a first-come-first-served basis.)</i>	
* Children ages 4 yrs through entering 5 th grade:	\$20 per child
* Teen Helpers (entering 6 th – 12 th grades):	\$15 per teen
Maximum: \$60 per family	

T-shirts are also available for adults(if ordered before May 18) – see order information below.

*Scholarships are available. Please contact Ann Allen at the church office @ 828-6425.
Should you wish to make a scholarship donation, please note in box on the other side of the registration form.*

PLEASE PRINT IN INK

Child's/Teen Helper's Name	Birth Date	Current age <u>and</u> grade Entering Fall 2008	Child/Teen T-Shirt size <i>Child S, M, L – Adult S, M, L, XL, XXL</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adult T-Shirts: # of T-Shirts: _____ Sizes: _____ (\$5/T-Shirt) Total \$ _____

_____ I will be working at VBS and need childcare for 3 year old and younger.
_____ I am interested in afternoon childcare offered by St. Luke's School following VBS.

Parents' Names: _____ Home phone: _____

Address: _____ City/State: _____ Zip Code: _____

Mother: Work Phone: _____ Cell Phone: _____

Father: Work Phone: _____ Cell Phone: _____

Home church: _____

Person/s authorized to pick up your child. Please list only 2 people and their phone/cell numbers:

OVER →→→

Physician's name: _____ Physician's phone number: _____

Known allergies and medical conditions:

In case of emergency, I authorize St. Luke's Episcopal Church VBS to seek emergency medical treatment for my child and to arrange transportation to the nearest medical facility.

Parent/Guardian Signature

Date

Please help by supplying teacher/snacks:

Fruit/Veggie tray _____ Muffins/Coffee cake _____ Cheese & Crackers _____

(Please sign up for one day only!)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____



Children will be placed in classes that are age appropriate by Sept. 1, 2008.

Please mail* or return this form prior to May 18, 2008 with your check to:

**St. Luke's Episcopal Church
ATTN: Jane Fleischer / VBS
11 St. Luke's Lane
San Antonio, TX 78209-4445**

****Please note that registration forms sent by mail must be received by May 18, 2008!***

TOTAL DUE BY MAY 18, 2008

Registration fee:	\$ _____
(\$45 maximum per family)	
Adult T-Shirt (\$5 per T-Shirt)	\$ _____
Music CD (\$3 per CD)	\$ _____
Scholarship Donation	\$ _____
TOTAL	\$ _____

TOTAL DUE AFTER MAY 18, 2008

Registration fee:	\$ _____
(\$60 maximum per family)	
Music CD (\$3 per CD)	\$ _____
Scholarship Donation	\$ _____
TOTAL	\$ _____

**For office use only.
Date registration form
received: _____**