

God's Olympians Form August 2-6 9:00-Noon

Check# _____ Cash _____

\$20 per child (t-shirt included), \$6 additional t-shirts. Register by June 15

Family Last Name _____ Father _____ Mother _____ E-mail _____

Address _____ City _____ Zip Code _____ Phone _____ Cell _____

Emergency Contact _____ Phone _____ Relationship _____

Participating Children:

Registration of Children (Preschool-6th Grade September 2021)

The Nursery will be available for Volunteer's Children under the ages 1-3.

Child's Name: _____ Entering Grade _____

*T-Shirt Size: _____ Allergies &/or Special Diet _____

Special learning needs: _____

Child's Name: _____ Entering Grade _____

*T-Shirt Size: _____ Allergies &/or Special Diet _____

Special learning needs: _____

Child's Name: _____ Entering Grade _____

*T-Shirt Size: _____ Allergies &/or Special Diet _____

Special learning needs: _____

Child's Name: _____ Entering Grade _____

*T-Shirt Size: _____ Allergies &/or Special Diet _____

Special learning needs: _____

I give permission to have my child(ren) photographed or videotaped: Y N

(Names are never placed with publication of pictures)

Children are placed in multi-age groups.

Families are in the same groups unless you request otherwise.

***T-Shirt Sizes (50% cotton): Youth: Extra Small (4-5), Small (6-8), Medium (10-12), Large (12-14) Adult: Small, Medium, Large, X-Large, 2XL, 3XL**

Adult and Teen Volunteers:

Please enter the grade your teen will start in September 2021

Volunteers may purchase t-shirts for \$6.00 each.

+All Group Leaders must attend an informational meeting

Adult _____ T-Shirt size _____

Area(s) of Interest (circle)

+Group Leader Crafts Games Sites Snacks Music

Available to Help:

Prior to VBS: ___ During VBS: ___ All Week: ___ Only these days: _____

Teen _____ Grade _____ T-Shirt size _____

Area(s) of Interest (circle)

+Group Leader Crafts Games Sites Snacks Music

Available to Help:

Prior to VBS: ___ During VBS: ___ All Week: ___ Only these days: _____

Teen _____ Grade _____ T-Shirt size _____

Area(s) of Interest (circle)

+Group Leader Crafts Games Sites Snacks Music

Available to Help:

Prior to VBS: ___ During VBS: ___ All Week: ___ Only these days: _____

I give permission to have my teen(s) photographed or videotaped: Y N

(Names are never placed with publication of pictures)

Please attach a check payable to: "Church of St. Timothy"