

CARMICHAEL PRESBYTERIAN CHURCH

# VACATION BIBLE SCHOOL

Group

# SOUBO

diving into friendship with God

## JULY 8-12

## 9:00 A.M. - 12:00 NOON

for all kids preschool-entering 6th grade

## \$20 per child

Scholarships available upon request

### Registration Deadline July 1

Sign up with the form on the back of this sheet  
or the QR code

Questions? Call 916-486-9081 or email [michael@carmichaelpres.org](mailto:michael@carmichaelpres.org)



**CARMICHAEL PRESBYTERIAN CHURCH**  
**VACATION BIBLE SCHOOL 2024**



**Parent/Family Information (Please print)**

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

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

Address \_\_\_\_\_

Are parents/guardians members of Carmichael Presbyterian Church?  Yes  No

Alternative Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of additional person authorized to pick up child/ren: \_\_\_\_\_

CHILD1

Child's name \_\_\_\_\_ Grade Child will Enter Fall 2024: \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Any known allergies? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Anything else we should know about the child? \_\_\_\_\_

T-shirt size (youth sizes):  XS (4-6)  S (6-8)  M (10-12)  L (14-16)  XL (Adult S)  Other \_\_\_\_\_

CHILD2

Child's name \_\_\_\_\_ Grade Child will Enter Fall 2024: \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Any known allergies? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Anything else we should know about the child? \_\_\_\_\_

T-shirt size (youth sizes):  XS (4-6)  S (6-8)  M (10-12)  L (14-16)  XL (Adult S)  Other \_\_\_\_\_

**Medical Release**

In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of Carmichael Presbyterian Church to make such arrangements as s/he considers necessary for my child/ren to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child/ren, as they consider necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by a licensed physician or surgeon.

Print Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_