

Congregational Church of San Mateo, UCC
225 Tilton Avenue San Mateo, Ca. 94401
650-343-3694 www.cesm-ucc.org

Vacation Bible School Registration Form
August 9-13, 2010 Cost \$75

Date _____

Student's name _____ age/grade _____ birth date _____

Address/City _____ Zip Code _____

Email _____ home phone# _____

Parents' names _____

Parents' work/cell phones _____

Does your child have any allergies? _____

Does your child have any special needs? _____

Permission Slip

I give permission for my child _____ to attend
Vacation Bible School at the Congregational Church of San Mateo, 225 Tilton Avenue,
San Mateo, UCC, for the week of August 9-13, 2010 from 9: 00 am to 12:30 pm.

In case of emergency, I can be reached at _____ or _____
phone# phone #

If you cannot reach me, please call _____ at _____
name phone #

**If no one can be reached, I give permission for the Vacation Bible School teachers
to seek whatever medical attention is necessary.**

Sincerely, _____

parent signature date

Doctor's Name & Phone # _____

Dentist's Name and Phone # _____

Medical Insurance or Medical Number _____

Please mail or bring to the Congregational Church by Monday, August 2, 2010