



Camp E.D.G.E.
June 8-12, 2009 9am-Noon
First United Methodist Church, Boerne
For Children 4 years
Thru Those That Have Completed 5th Grade



Please register your family for Vacation Bible School by **May 31, 2009**
 Late Registrations will be placed on a waiting list and enrolled as space becomes available
 Call (830)249-2565 with questions.

One Form Per Family; List First Name/Age/Grade Completed for each child:

Do your children (if age appropriate) want to be in the same class? _____ yes _____ no
 (Classes will be formed into family units of early elementary and middle elementary groups.)

I have a special needs child and would like an aide to accompany them during VBS _____ yes _____ no
 If yes, please place an asterisk by their name above

PARENTS/LEGAL GUARDIAN NAMES: _____

ADDRESS: _____

PHONE: (hm) _____ (cell) _____ (work) _____

EMAIL: _____ HOME CHURCH: _____

T-shirts available by prepayment of \$10 each for the first two shirts, each add'l shirt \$5: Size: ___ 2-4 ___ 6-8
 ___ 10-12 ___ 14-16 ___ adult small ___ adult medium ___ adult large ___ adult x-large

MEDICAL INFORMATION

Please read and fill in the appropriate information:
 PHONE where you can be reached during VBS in case of emergency: (1) _____ (2) _____

In the event I, _____ PARENT/GUARDIAN
 cannot be contacted in case of an emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In the event that the people listed above cannot be contacted, I give the staff at First United Methodist Church, Boerne,
 permission to seek treatment in case of a medical emergency.

Family Doctor: _____ Phone: _____

My child's allergies/medical conditions/special needs _____
 (Please include food allergies)

By signing this, I am agreeing that I have read, understand and agree to the conditions above.

PARENT/GUARDIAN: _____ DATE: _____