



**Participant Registration Form**  
 2009 VBS  
 Cornerstone Presbyterian Church

Thank you for your interest in Cornerstone's 2009 Vacation Bible School (VBS) program!

**Dates/Times:** July 23-26  
**Thursday/Friday** 6-8:30pm  
**Saturday** 10am-2pm (lunch included)  
**Sunday** 3pm-6pm (family potluck to follow from 6-7:30pm)

**Cost:** \$10/child (\$25 max/family)  
 \*\*checks should be made payable to  
 Cornerstone Presbyterian Church

**Ages:** 3yrs (by July 1, 2009) – Grade 5 (09/10 School Yr)

We are excited to provide a bible-centered program with crafts, games, music, recreation & snacks.

Please complete the following information and send form/check to the address at the bottom of the form OR deliver to the church office by June 30<sup>th</sup>. Registration will be open to members/regular attendees beginning May 3<sup>rd</sup>, and to the general public June 1. *You may use ONE registration form for up to 5 students.*

**Parent Name/Address**

I am interested in volunteering for VBS. Please contact me.

Name	
Street Address	
City	
State	
Zip	

**Parent Contact Information**

Home Phone	
Mobile Phone	
Email	

**1-Student Name/Information**

Name	
Gender (circle)	M F
Date of Birth	
Grade (09/10 School Yr)	
Allergies (incl food allergies)/Medical Info	
Special Needs	
Other information you would like us to know about your child?	

**2-Student Name/Information**

Name	
Gender (circle)	M F
Date of Birth	
Grade (09/10 School Yr)	
Allergies (incl food allergies)/Medical Info	
Special Needs	
Other information you would like us to know about your child?	

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### 3-Student Name/Information

Name	
Gender (circle)	M F
Date of Birth	
Grade (09/10 School Yr)	
Allergies (incl food allergies)/Medical Info	
Special Needs	
Other information you would like us to know about your child?	

### 4-Student Name/Information

Name	
Gender (circle)	M F
Date of Birth	
Grade (09/10 School Yr)	
Allergies (incl food allergies)/Medical Info	
Special Needs	
Other information you would like us to know about your child?	

### 5-Student Name/Information

Name	
Gender (circle)	M F
Date of Birth	
Grade (09/10 School Yr)	
Allergies (incl food allergies)/Medical Info	
Special Needs	
Other information you would like us to know about your child?	

### Emergency Contact

Name	
Phone	
Alt. Phone	

#### Contact Information:

Registration Coordinator: Sherri Maleki \* [sherri@cspcusa.org](mailto:sherri@cspcusa.org) \* 919.303.9200

VBS Coordinator: Andrea Johnson \* [andrea@webbasix.com](mailto:andrea@webbasix.com) \* 919.656.9934

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