

COME JOIN US FOR

# VACATION BIBLE SCHOOL!

WHERE WE ARE ALL  
PART OF GOD'S FAMILY

|              |   |
|--------------|---|
| <b>WHERE</b> | 363 Woodland Pkwy<br>San Marcos, CA 92069 |
| <b>DATES</b> | June 26-29, 2019                          |
| <b>TIMES</b> | 5:30pm-7:30pm                             |

Register at <http://smchurchvbs.wixsite.com/teamvbs>

## Ages 5\* to 12 years old

\* Under 5 years must be accompanied by guardian or older sibling



## Wild Wonders

**Thursday, June 27**

Real African Animals on site!

Trip to Wild Wonders, Bonsai!  
Two weeks after  
Free if you come 3 times to VBS!

## VBS 2019 JAMII KINGDOM Registration Form

|   |                    |   |  |
|---|--------------------|---|--|
| Parents/Guardians first & last name<br><i>Nombre y apellido de padres</i>   |                    | Parent/Guardian's cell phone<br><i>Cel/texto telefono de padres</i>   | Parent/Guardian email address<br><i>correo electrónico de padres</i> |
| Mailing Address<br>(P.O./Street, City, State, Zip)<br><i>Direccion (P.O./ciudad, estado, codio postal)</i>  |                    | Alternate Pick Up (Name, phone)<br><i>Otra persona autorizada a llevar el niño (nombre, teléfono)</i>   |  |
| Child's first and last Name<br><i>Nombre y apellido de niño</i>   | age<br><i>Edad</i> | Child's DOB<br><i>fecha de nacimiento de niño</i>   | Child's Gender<br><i>Genero de niño</i>                              |
| Child allergies or other medical conditions (i.e. diabetes)<br><i>alergias o preocupaciones medicas de niño (i.e. diabetes)</i>   |                    | Does your child have a friend they would like to be placed with? If so, who?<br><i>Tu niño tiene un amigo con quien quiere ser colocado? Si or no? Con quien?</i> |  |
| In case of emergency contact (Name, Phone, Relation to child)<br><i>Contacto para emergencia (Nombre, telefono, relación al niño)</i>   |                    |   |  |
| I give permission to Call 911 in case of emergency<br><i>Doy permiso a llamar 911 en caso de una emergencia</i>   |                    |   | <input type="checkbox"/>   |
| I give permission for my child's photo(s) to be taken during VBS<br><i>Doy permiso a tomar fotos de me niño durante VBS</i>   |                    |   | <input type="checkbox"/>   |
| Comments/ <i>commentos</i>  |                    |   |  |
| Signature   |                    |   | Date   |
| Complete and submit form via text picture to (619) 301-6469 or email scan to <a href="mailto:smchurch.vbs@gmail.com">smchurch.vbs@gmail.com</a> or fill out online at <a href="https://smchurchvbs.wixsite.com/teamvbs">https://smchurchvbs.wixsite.com/teamvbs</a> |                    |   |  |