



First Presbyterian CHURCH of Vero Beach

VBS 2019 is gonna be out of this world!

come with us on an exciting VOYAGE!
June 10-14, 8:45am - 12:00pm

Open to children age 3
(as of Jan 1, 2019)
through entering 5th
grade this fall.

\$20.00 per Voyager
3 or more siblings - \$15.00
ea. Includes drawstring
backpack!

Limited scholarships available upon
request.

As a Voyager on a journey through space, we'll explore where
God's power can take us while we discover the wonders of
God's universe!



Please complete one registration form per child

Pay online at www.firstpresvero.org/give-online/

****You MUST select category OTHER and put VBS in the "memo" box ****

Cash accepted in the church office, or mail check to 520 Royal Palm Blvd, Vero Beach, FL 32960 - Attn: VBS

Registration ends May 27, 2019

(Due to the extensive amount of hands-on crafts and activities,
week-of and day-of registrations will not be taken.)

Middle school, high school, college and adult volunteers welcome!

Questions? Contact VBS Coordinator, Robyn Thompson, at robyn@firstpresvero.org or
772-562-9088, ext 122

To Mars and Beyond VBS 2019

VOYAGER REGISTRATION FORM



Student's Full Name: _____

Parent/Family/Guardian Name: _____

Address: _____

Email Address: _____

Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

Child's Date of Birth: _____ Age: _____ Grade in September: _____

Home church, if any: _____

It would be nice if my child could be in the same group with: _____

(We will do our best to honor your request - not guaranteed, especially if there is more than a year age difference)

Allergies: _____

Medical issues or special needs: _____

****With the wide range of food allergies so many children and families have to manage, please note that if your child has a food allergy we ask you to send a daily snack with him/her. We will provide gluten free options.****

Emergency Contacts

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name(s) of the person(s) not listed above who may pick up this child from VBS: _____

MEDICAL RELEASE: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

PHOTO RELEASE: First Presbyterian Church/VBS has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature: _____ Date: _____

Checks Payable To: First Presbyterian Church

Contact: Robyn Thompson, VBS Coordinator - robyn@firstpresvero.org

Cost: \$20 per child; (3 or more siblings, \$15.00 ea) Scholarships available upon request

Pay online: www.firstpresvero.org/give-online/

You **must** select category "OTHER" & include VBS in the "optional memo" line for proper processing.

Please include payment confirmation/receipt # _____

---(for church use only)---

Assigned to Voyager Group _____

Are family members working VBS? ___ If yes, where? _____