

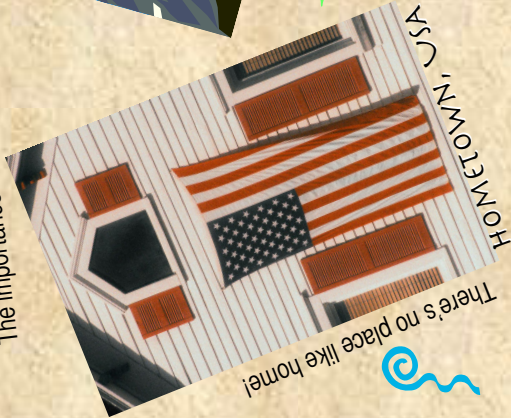
PVBC PRESENTS

ON LOCATION:

OUR JOURNEY WITH GOD



WEDNESDAY EVENINGS
JULY 8 – AUG 5, 2009
6:45-8:30 P.M.



PALOS VERDES BAPTIST CHURCH
22 Moccasin Lane, Rolling Hills Estates
Office: 310-541-1811 pvbc.com



REGISTRATION FOR PVBC'S ON LOCATION:

OUR JOURNEY WITH GOD

ON LOCATION is open to children from 4 years old through entering 6th grade. Pre-school and Kindergarten children will meet separate from grades 1-5 and use an age-appropriate curriculum emphasizing that God is with them everywhere and all the time. REGISTRATION FEE: \$10 per child, or \$2 for each session a child attends.

Make payment to "Palos Verdes Baptist Church" and return with registration form to PVBC office: 4010 Palos Verdes Drive North, #101, Rolling Hills Estates, CA 90274; For church site address, directions, and other information about PVBC, please go to pvbc.com or call 310-541-1811.

Parents' Names _____ Email address _____

Street Address _____ City, State, Zip Code _____

Day Phone _____ Evening Phone _____

Child's Name _____ Age _____ Birth date _____ Grade in Fall 2009 _____
 Circle any dates this child will NOT attend: 7/8 7/15 7/22 7/29 8/5

Child's Name _____ Age _____ Birth date _____ Grade in Fall 2009 _____
 Circle any dates this child will NOT attend: 7/8 7/15 7/22 7/29 8/5

Do you attend a church? If so, which one? _____

How did you hear about "ON LOCATION"? _____

Permission & Medical Release: I hereby give my permission for my child to attend PVBC's On Location Vacation Bible School. I hereby release Palos Verdes Baptist Church and its representatives from any and all liability that may be incurred by my child's participation in the camp. I hereby authorize those in charge to consent to and administer any medical aid necessary in case of emergency. I also give permission for the use of photographs in future PVBC promotional materials.

Allergies _____ Medication _____

Emergency Contact/Relationship _____ Emergency Phone _____

Name of Physician _____ Physician Phone _____

Health Insurance _____ Policy Number _____

Special needs or concerns: _____

Parent signature _____