

Three ways to Register for VBS at New Hope Church:

1. Online at www.newhopeadel.org/VBS

2. Complete and return this registration form to:
New Hope Church, POB 21, Adel, IA 50003
Extra copies of the registration form can be printed from www.newhopeadel.org

3. Register in person any night during VBS week

Appropriate attire: No hats or caps. No flip-flops or similar footwear.
Tennis shoes are strongly recommended.
We are not responsible for injuries due to inappropriate footwear.

Code of conduct: We reserve the right to contact the parent and, if necessary, send home any student who is disrespectful, uncooperative, disruptive, or in any way interferes with the learning experience of students at VBS.



**Sunday—Thursday
July 29th to August 2nd**
Evenings 6:00 – 8:00 p.m.
New Hope Church
25712 Hwy 6, just 2 miles east of Adel

Please do not send your child to VBS if they have been ill during the past 24-48 hours.

Questions? Please contact Samantha at vbs@newhopeadel.org

✂----- Detach Here -----

Please complete one form per child.

Name: _____ Boy: _____ Girl: _____

Grade student will attend Fall 2017: _____ School: _____
VBS is for children entering 4-year-old preschool through 5th grade for Fall 2017

Has your child received one-on-one assistance in the classroom during the past school year? Yes _____ No _____

Please list any restriction to physical activity or special concerns or needs:

Authorization of Participation: I have read and agree to abide by the above guidelines regarding attire and conduct and hereby give permission for my child to participate in any activity or trips planned by the VBS staff. I authorize delivery of necessary emergency care by available medical personnel. I also authorize permission to use my child's photograph in promotional materials for New Hope Church.

Parent/Guardian Name: _____ Phone: _____

Family email address: _____

In case of emergency, notify: _____ Phone: _____

Do you have a church home? If yes, where? _____

Allergies: Yes _____ No _____ If yes, please explain: _____

Person(s) approved to pick child(ren) up _____

Signed: _____ Date: _____
Parent or Guardian