



**CGS 2008 Vacation Bible School**  
**David: A Man After God's Own Heart**

**NURSERY, TODDLER AND PRESCHOOL REGISTRATION FORM**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

M\_\_\_\_\_or F\_\_\_\_\_ Parent/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Area in which you are volunteering during the week of VBS (circle one):

Storyteller    Nursery    Preschool    Music    Occupations    Drama

Games    Puppets    Marketplace    Group Leader    Snacks

Other: \_\_\_\_\_

Days/Times you are volunteering \_\_\_\_\_

\*babies and toddlers may only be in the nursery on the days you are at VBS. Preschool children may attend the preschool program (all week) if you volunteer at least 3 days.

Please list any of your child's allergies, medication, illnesses...

\_\_\_\_\_

Please list any special needs, feeding schedules (nursery), etc. that could assist the

caregiver of your child \_\_\_\_\_

\_\_\_\_\_

**Please send all items labeled with name and phone number. For toddlers, please send a sippy cup. Lunch will be provided for toddlers as well.**

I authorize Church of the Good Shepherd VBS staff to make necessary emergency medical care decisions which are felt to be in the best interest of my child should I be unavailable.

Parent Signature \_\_\_\_\_ hospital preference \_\_\_\_\_

Questions? Contact Julie Johnson 928-9366 or [timmyjules@yahoo.com](mailto:timmyjules@yahoo.com)

Please return completed form no later than June 10 to VBS box by church office or mail to Julie Johnson 8 Fenton Place Chapel Hill, NC 27517