

Answers VBS

TIME LAB

Discovering Jesus from Eternity
← PAST to Eternity FUTURE →

WHAT: Vacation Bible School

WHERE: Community Bible Church 638 Parris Island Gateway, Beaufort, SC

WHEN: Tuesday, June 26—Friday, June 29 9 am -12:00 pm

WHO: children who will be age 4 by 9/1/2018 thru age 13.

VBS will conclude with a special Grand Finale for the whole family, June 29, 6:00 pm—8:30 pm. (Children must be accompanied by an adult.)

Registration fee is \$5.00 per child not to exceed \$15.00/family. Fee waivers are available.

Registration can be:

mailed to: Community Bible Church, P.O. Box 119 Beaufort, SC 29901

dropped off : at the church office Mon-Fri 9:00-5:00.

submitted online: communitybiblechurch.us

For Your Child's Safety:

All VBS participants must check in and receive a nametag before getting dropped off. Parents must bring matching stub number to pick up child/children. Your child's drop off location will be noted on the nametag sticker.

Helpful info:

- **T-shirts** are available for 7\$ each (while supplies last) in the CBC Atrium on Sunday & Wednesday evenings, beginning May 20.
- **Please** dress your children comfortably and modestly in t-shirts/shorts/sneakers as they will be very active
- **Other** questions? call 843-525-0089

TIME LAB REGISTRATION FORM

Age 4 - Age 13 by 9/1/18

*T-shirts available for \$7 each (while supplies last) beginning Sunday,
May 20 before and after Sunday & Wednesday services in the Atrium.*

Parent's Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Home church _____

Please list your children attending VBS.

1. Name: _____

Boy __ Girl __ DOB _____ Age By 9/1/18 _____

Allergies/Special needs : _____

2. Name: _____

Boy __ Girl __ DOB _____ Age By 9/1/18 _____

Allergies/Special needs : _____

3. Name: _____

Boy __ Girl __ DOB _____ Age By 9/1/18 _____

Allergies/Special needs : _____

4. Name: _____

Boy __ Girl __ DOB _____ Age By 9/1/18 _____

Allergies/Special needs : _____

5. Name: _____

Boy __ Girl __ DOB _____ Age By 9/1/18 _____

Allergies/Special needs : _____

Emergency Contact & Approved Pick-up

Persons

Person #1: _____

Phone: _____

Person #2: _____

Phone: _____

Buddy Request

Please pair my child (name) _____ with:

Leader: _____

Child: _____

Buddy Request

Please pair my child (name) _____ with:

Leader: _____

Child: _____

Buddy Request

Please pair my child (name) _____ with:

Leader: _____

Child: _____

*The requested buddy's registration form should
reflect the same request. All buddy requests must be
made no later than Wed. June 20 to assure placement.*

Registration Fee

\$5 per child/\$15 maximum per family. The fee will be
waived if requested. Please make checks payable to
CBC.

Received on: _____ By: _____

Check box for fee waiver(s).

Parental Consent

As the parent or legal guardian of the child(ren) listed,
I give my consent for his/her participation in Communi-
ty Bible Church's Vacation Bible School program.

Signature: _____

HOW DID YOU HEAR ABOUT US?

NEWSPAPER ___ RADIO AD ___

PERSONAL INVITATION ___ MAILER ___

SIGN OR BANNER ___ SOCIAL MEDIA ___

OTHER _____

Invited by: _____