



# 2010 VBS REGISTRATION COVENANT KIDS

## ROLLING HILLS COVENANT CHURCH

2222 Palos Verdes Drive North  
Rolling Hills Estates, CA 90274  
(310) 521-2541

CAMPER \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_-\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (in Sept.) \_\_\_\_\_ Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Work/Cell/Pager \_\_\_\_\_-\_\_\_\_\_  
Father \_\_\_\_\_ Work/Cell/Pager \_\_\_\_\_  
Father's address if different from above \_\_\_\_\_  
Church Attended:  RHCC  Other \_\_\_\_\_  
**List any allergies or medical problems:** \_\_\_\_\_

Sonshine Kids - Camp Hours: 9:00 AM – 12:00 PM  
**Registration form must be completed, medical and photo release must be signed before your registration will be processed. Please make DONATIONS out to RHCC.**

Are you available to volunteer at camp:  
 Yes (please fill out the volunteer registration form and attach to this form)  
 No,

Friend that my child would like to be with: \_\_\_\_\_  
*\*Friend request (Not Guaranteed)*

Registration Check List:  
 Medical Form  Payment (checks only please)  Volunteer Form

REGISTRAR USE ONLY: Registration Received Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Received by: \_\_\_\_\_ Check # \_\_\_\_\_  
Adult Working:  Sonshine  Covenant Kids  Nursery  Kitchen  Camp 56  
Classroom # \_\_\_\_\_ Camp Director Initials \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE MEDICAL/PHOTO RELEASE ON REVERSE SIDE**