



2010 VBS REGISTRATION

SONSHINE 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