

# Vacation Bible School

ALL FAITHS



**Pike**



**Yeddy**

Pike and Yeddy invites Children to Everest: "Conquering Challenges with God's Mighty Power"

A summer kids' event called Everest VBS will be hosted at Blinder Memorial Chapel from July 27, 2015 to July 31, 2015. At Everest, kids will embark on an icy expedition where kids overcome obstacles with God's awesome power. Anchor kids in rock-solid Bible truths that will guide them through life's challenges. They'll participate in memorable Bible-learning activities, sing catchy songs, play teamwork-building games, make and dig into yummy treats, experience cool Bible adventures, collect Bible Memory Buddies to remind them they are one of a kind, and our imagination crafts they'll take home and play with all summer long. Plus, kids will learn to look for evidence of God all around them through something called God Sightings. Each day concludes with celebration that gets everyone involved in living what they've learned. Everest VBS is for kids from **5 to 12** and will run from 9:00AM to 12:00 each day (Older children are invited to help.) The last day July 31<sup>st</sup> we would like to invite families to join us at 10:30.

Sponsored by - MCIWEST-MCB Camp Pendleton Chaplain's Office

For more information, (760)725-2929 or (760)725-3518



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## Registration Form



Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_  
Ages 5 - 12

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Chapel: \_\_\_\_\_

I understand that neither MCIWEST-MCB Camp Pendleton Chaplain's Office nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

\_\_\_\_\_  
(Parent or Guardian Signature) (Home Phone & Cell Phone) (Date)

### For Medical Release Purposes

To Whom It May Concern:  
As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending Physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for July 27<sup>th</sup> – 31<sup>st</sup>. This release form is completed and signed of own free will and sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ (Father, Mother, Legal guardian) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Home Phone) (Work Phone) (Cell Phone)

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Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical **ALLERGIES**, chronic illnesses or other conditions:

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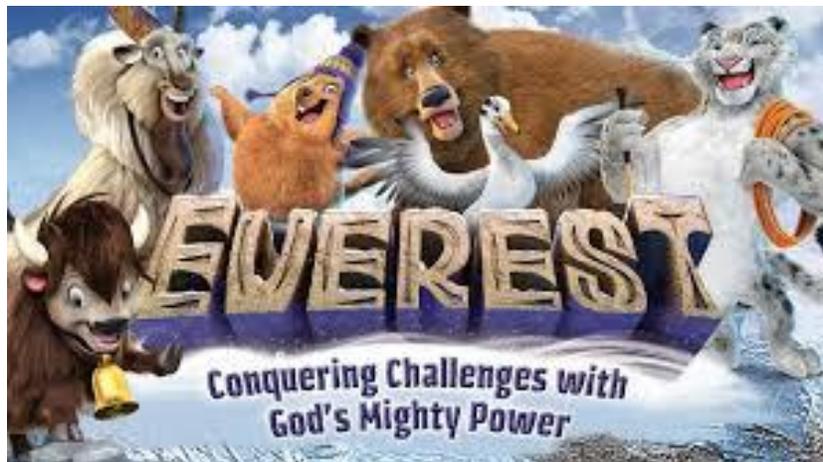
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Another person to contact in case of emergency:

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(Name) (Phone)

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**COME JOIN US!!!**