

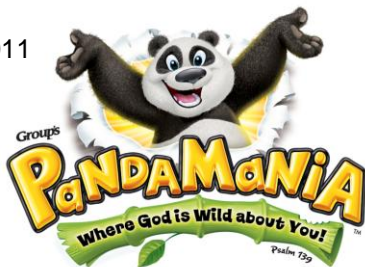
VA New Covenant Fellowship Church 2011 Vacation Bible School

Who: Elementary Dept Current 1st – 5th Graders
(Limited to the first 40 registrants)

Preschool Dept: Children born **prior to August 31, 2007**
through those going into the 1st grade in September
(Limited to the first 30 registrants)

When: August 8th (Mon.) – August 12th (Fri.), 2011
9:30 am – 3:00 pm
(Friday lunch is provided by church)

Where: New Covenant Fellowship Church (VA)
1439 Shepard Dr.
Sterling, VA 20164



Theme/ PandaMania, Where God is Wild About You

Activities Daily praise and worship, Bible exploration, crafts, fun field-trips, exciting games, delicious snacks, and much more!
(Detailed schedule will follow.)

Registration: May 29 – June 26, 2011
Period At the Registration Desk in the Fellowship Hall or mail this form with the appropriate payment to the above church address (Attn: VBS)

Reg. Fee: \$85 per child (2 Siblings: \$ 80 each, 3 & more: \$ 75 each)



***Early Bird Discount (until June 12):**
\$ 75 per child (2 siblings: \$ 70 each, 3 & more: \$ 65 each)

* Please make checks payable to **N.C.F.C.**
* No refunds after June 30, 2011.

Optional Lunch Fee: \$2/day if you'd like your child to purchase lunch at church,
Menu: **Mon**-chicken fried rice, **Tues**- cheese pizza, **Wed**- curry rice
Thur- hot dog/chips (Free spaghetti is provided on Friday)

Contact: If you have any questions, please contact Mrs. Hee Park at 703-444-5634 (Ext. 7) Tues. – Fri. 9:30 AM – 5:00 PM

VA NCFC 2011 VBS Registration Form

| Child's Name | Date of Birth | Age/Grade | Boy/Girl |
|--------------|---------------|-----------|----------|
| 1 | | / | |
| 2 | | / | |

Can the parent volunteer? If so, day & time: _____

Child's Food Allergies? _____

| | Father | Mother |
|--------|--------|--------|
| Name | | |
| Phone | | |
| e-mail | | |

Address: _____

Emergency Contact: Name: _____
(during VBS hours)

Phone #: _____

(1) Registration Fee: \$ _____ Today's Date: _____

(2) Optional Lunch Purchase (\$2/day): check the days you want buy lunch at church.

Mon: Chicken Fried Rice () **Tue:** Cheese Pizza ()

Wed: Curry Rice () **Thu:** Hot dog and Chips ()

Friday: spaghetti provided by church **Total lunch fee:** \$ _____

(3) Total Paid ((1) + (2)): \$ _____ by cash () or check # _____

I give my child(ren) permission to participate in the NCFC VBS, including all field trips from Aug. 8 – 12, 2011 at New Covenant Fellowship Church VA Campus. I understand that reasonable caution, chaperones and supervisors will be provided by the church and the church staff, but they cannot guarantee the safety of my child(ren). New Covenant Fellowship Church will not be held responsible for any injuries or accidents. In the event I cannot be reached in an emergency, I give permission for my child(ren) to be treated by a physician or hospital selected by a staff member in charge.

Parent's Signature: _____

버지니아 헬로쉽교회 2011 어린이 여름 성경학교 (VBS)

대 상: 초등부: 현 1학년 - 5학년인 학생. 정원 40 명
유치부: 만4세 (2007년 8월 31일 이전생)부터
새학기에 1학년이 되는 학생. 정원 30명

기 간: 2011 8월 8일(월) - 8월 12일(금).
오전 9시 30분-오후 3시

장 소: 버지니아 헬로쉽교회
New Covenant Fellowship Church
1439 Shepard Dr.
Sterling, VA 20164



주제 / 내용: **PandaMania, Where God Is Wild About You!**
즐거운 예배와 찬양, 다양하고 즐거운 야외활동,
흥미 있는 성경공부와 게임, 등.
(자세한 여름성경학교 스케줄은 추후에 집으로
보내드리니 **집주소를 정확히 기재해 주십시오.**

등록기간: **5/29/11 - 6/26/11**
옆의 등록신청서를 기입하셔서 등록비와 함께
친교실 접수처에 제출하시거나
위의 교회 주소로 등록비와 신청서를
우편으로(VBS 담당자 앞) 보내주시기 바랍니다.

등록비: \$85 (두 자녀: \$80 씩, 세자녀이상: \$75 씩)

*** 조기등록 할인 (6월12일까지) : \$ 75**
(두자녀: \$ 70씩, 세자녀이상 \$65씩)



옵서널 점심 구입: 하루에 \$2씩 (월 - 목).

메뉴: 월 - 치킨 볶음밥, 화 - 치즈피자, 수 - 카레라이스, 목 - 핫도그 & 칩
금요일에는 스파게티가 모든 어린이들에게 무료로 제공됩니다.

* 수표는 **N.C.F.C.**앞으로 써주시기 바랍니다.
* 6월30일 이후에는 등록금 환불이 되지않습니다.

문의사항이 있으시면 교회사무실로 연락해 주십시오.
703-444-5634 (Ext. 7) 화요일 - 금요일 오전 9시30분 - 오후 5시

버지니아 헬로쉽 교회 2011 여름 성경학교 등록 신청서

| 자녀이름 (영어와 한국어 기입해 주세요) | 생년월일 (mm/dd/yy) | 나이 또는 현재 학년 | 남/여 |
|---------------------------|--------------------|----------------|-----|
| 1 / | | __살 / __학년 | |
| 2 / | | __살 / __학년 | |
| 3 / | | __살 / __학년 | |

부모님이 VBS 동안 도와 주실 수 있는 날짜/시간: _____

자녀 음식 알러지? _____

| | 아버지 | 어머니 |
|--------|-----|-----|
| 이름 | | |
| 전화 | | |
| e-mail | | |

주소: _____

비상시연락처: 이름: _____ 전화: _____

현재 소속된 교회: () 헬로쉽교회, 기타: _____

(1) 등록비 : \$ _____ 등록날짜 _____

(2) 점심 (옵서널): 하루에 \$2씩 - 원하는 날에 체크해 주세요
월() 화() 수() 목() 총점심비용: \$ _____

메뉴: 월 -치킨 볶음밥, 화 -치즈피자, 수 -카레라이스, 목 -핫도그 & 칩

(3) 총 지불금액 ((1) + (2)) = \$ _____ 현금 () or 체크 # _____

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부모 서명: _____