

New Covenant Fellowship Church (MD) 2016 Vacation Bible School

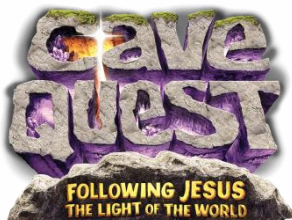
Who: Elementary Dept: Current 1st – 5th Graders
(Limited to the first 85 registrants)

Preschool Dept: 4 years (must be 4 by 8/31) up to current
Kindergarteners
(Limited to the first 75 registrants)

When: August 1 (Mon.) – August 5 (Fri.), 2016
9:30 am – 3:00 pm

Where: New Covenant Fellowship Church
18901 Waring Station Road
Germantown, MD 20874

Theme **Cave Quest: Following Jesus
the Light of the World!**



Activities Daily praise and worship, Bible exploration, crafts, exciting games, delicious snacks, and much more! (Detailed schedule will be mailed.)

Registration: Open to public: March 15

Reg. fee: **Starting March 15, fee is \$85 and & \$75 for each sibling**

If you'd like to sponsor another child or donate to our VBS, please include the amount in your payment.

* Please make checks payable to **NCFC**

* No refunds after July 10, 2016

If you are in need of financial assistance please email ncfc.vbs@gmail.com.

All requests are kept confidential.

Contact: If you have any questions e-mail ncfc.vbs@gmail.com or Pastor Jae Shin (301-444-3111)

MD NCFC 2016 VBS Registration Form

Child's Name	Date of Birth	Grade	Shirt Size	Boy/Girl
1				
2				
3				

Child's Food Allergies? _____

Check preferred language: Korean English

	Parent	Emergency Contact
Name		
Phone		
e-mail		

Address: _____

Can the parent volunteer? If so, please fill out the volunteer form.

Attending Church: () NCFC or Other _____

Registration Fee Total: \$_____ Sponsorship/Donation: \$_____

Paid Amount \$_____ Cash () Check # _____

I give my child(ren) permission to participate in the New Covenant Fellowship Church (NCFC) Vacation Bible School (VBS), including all activities from August 1 – 5, 2016 at NCFC MD 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). NCFC 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: _____ Date: _____

Print Name: _____

For Office Use Only:

Date Received: _____

Volunteer Form: Y N