



**Join us as we travel through time  
to discover Jesus at V.B.S.!!**

**Kids will have a blast participating in  
Bible lessons, crafts, games, science,  
snacks, music, and more!**

**Where:** Laurel Church-162 W Laurel Rd. Bellingham, WA

**When:** Sunday July 7<sup>th</sup>- Thursday July 11<sup>th</sup>, 2019

**Time:** (Optional) 5:00-5:30 Dinner  
5:30-8:00pm Program

**Who:** All Children Ages 4 -12  
(and Volunteers who would be willing to help!!)

Note: Children with special needs are very welcome but require an adult to stay to assist their own child if deemed necessary. Adults require a background check before volunteering.

**Registration Cost:** \$10/Child or \$20/Family

Children of Volunteers are free.

Grants are available upon request.

Mail or drop off registration forms and fees to Laurel Church

### **Any Questions?**

Please call the church at 360-398-1761

or email at [lcbs@laurelchurch.us](mailto:lcbs@laurelchurch.us)

**Registration for Time Lab!  
(One form for each child)**

Child's Name \_\_\_\_\_

Gender:  Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Name of home Church (if any) \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

My Child will participate in optional Kid-friendly Dinners:  Yes  No (Dinners begin at 5:00pm)

Food allergies  Yes  No List \_\_\_\_\_

Medical concerns  Yes  No Explain \_\_\_\_\_

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Permissions

I hereby grant permission for Laurel Church to record sounds, images, or video of my child

\_\_\_\_\_ attending *Time Lab*.

I also give permission for Laurel Church at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by Laurel Church in relation to *Time Lab*.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Name of adults permitted to pick up my child besides myself:

\_\_\_\_\_  
\_\_\_\_\_