

# NH NEWHOPE KIDS

**Three ways to Register for VBS at New Hope Church:**

1. Online at [www.newhopeadel.org/VBS](http://www.newhopeadel.org/VBS)
2. Complete and return this registration form to:  
New Hope Church, POB 21, Adel, IA 50003  
*Extra copies of the registration form can be printed from [www.newhopeadel.org](http://www.newhopeadel.org)*
3. Register in person any night during VBS week

**Appropriate attire:** No flip-flops or similar footwear. Tennis shoes are strongly recommended. We are not responsible for injuries due to inappropriate footwear.

**Code of conduct:** We reserve the right to contact the parent and, if necessary, send home any student who is disrespectful, uncooperative, disruptive, or in any way interferes with the learning experience of students at VBS.



**Sunday—Thursday**  
**July 28th to August 1st**  
 Evenings 6:00 – 8:00 p.m.  
 New Hope Church  
 515-993-5325  
 25712 Hwy 6, just 2 miles east of Adel

***Please do not send your child to VBS if they have been ill during the past 24-48 hours.***

*Questions? Please contact Samantha at [vbs@newhopeadel.org](mailto:vbs@newhopeadel.org)*

----- Detach Here -----

Please complete one form per child.

Name: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Grade student will attend Fall 2019: \_\_\_\_\_ School: \_\_\_\_\_  
*VBS is for children entering 4-year-old preschool through 5<sup>th</sup> grade for Fall 2019*

Has your child received one-on-one assistance in the classroom during the past school year? Yes \_\_\_ No \_\_\_

Please list any restriction to physical activity or special concerns or needs:

\_\_\_\_\_

\_\_\_\_\_

**Authorization of Participation:** I have read and agree to abide by the above guidelines regarding attire and conduct and hereby give permission for my child to participate in any activity or trips planned by the VBS staff. I authorize delivery of necessary emergency care by available medical personnel. I also authorize permission to use my child's photograph in promotional materials for New Hope Church.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family email address: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a church home? If yes, where? \_\_\_\_\_

Allergies: Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Person(s) approved to pick child(ren) up \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or Guardian*