

Children's Ministry Purpose Statement

XtremeKids love FUN and ADVENTURE! Nothing beats the greatest adventure of a life following after Jesus...being fearless to share truth with friends and family and show them all that God has to offer.

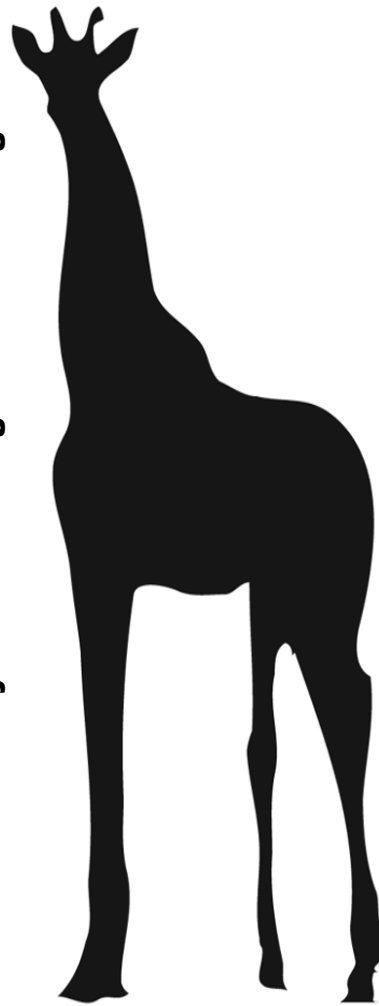
That is an Xtreme life!

We are X-tremeKids!



**GEAR UP
FOR GOD!**

This is one week you'll be talking about for a long time!



XtremeKids

Puyallup Nazarene Church

1026 7th Ave. SW

Puyallup WA 98371

Phone: (253) 845-7508 Ext. 216

www.pnconline.org

EXPEDITION SERENGETI



JULY 19-23

9AM - 12NOON

Cost:

Preschool & 1-4th grade -\$10

5th & 6th grade VBX - \$25

(Scholarships always available!)

**Puyallup Church
of the Nazarene**

1026 7th Ave. SW

253-845-7508

www.pnconline.org

VBS INFORMATION

Vacation Bible School is a day-camp program for children age 3 through 6th grade. The program is July 19-23, from 9 am to 12 noon. The cost is \$10 for all Preschool and 1st – 4th grade students and \$25 for 5th & 6th grades. Scholarships are always available.

JOIN THE HERD!

At EXPEDITION SERENGETI,
you'll have a whole week of FUN!
While on SAFARI you'll learn
amazing TRUTHS about living a
life for GOD!

VBX PRETEEN PROGRAM

Our 5th & 6th graders will participate in their own program called **VBX!** Don't miss out on the exclusive activities just for our Preteens!



Registration Form

VBS 2010

Each child must have their own form! This form must be filled out by a parent or legal guardian.

Personal Information

Child's name _____ BD-MM/DD/YYYY _____ Grade _____ (circle one)
Boy/Girl

(circle one)
T-shirt size: YXS - YS - YM - YL - AS - AM - AL - AXL Address _____

City _____ Zip _____ Home Phone _____

Mother's name and daytime/cell phone # _____

Father's name and daytime/cell phone # _____

Program Information

Circle the program for child's grade level this coming year (unless other arrangements have been made with Program Staff)

Preschool—K—\$10

3-5 year old program

Elementary—\$10

1-4 grade program

Preteen—\$25

5 & 6 grade program

Friend that child would like to be in a group with: (Available for Pre-registered children only)
(must be in same age level group) _____

Medical Info & Parent Release

Medical information we should be aware of: _____

In the event that I cannot be contacted in an emergency during this activity, I give my permission to the physician, or medical personnel selected by the church leadership to hospitalize, to secure proper treatment, and/or injection, anesthesia, or surgery for my child as deemed necessary. I assure the leaders that my child is in good health and able to participate in this activity. I further agree to relieve the leaders, and any other adults connected with this activity, from any liability in connection with this request.

Parent or Legal Guardian Signature _____ Date _____

Office Use Only	
received	
paid/amount	
Cash / Chk #	

Want to Help?

We are looking for faithful Christian people to volunteer in this great program for kids.

Name _____ phone# _____