



**When:** July 8-12, 2024, **9 am to noon**

**Where:** East Glenville Community Church

**What:** Music, Activities, Lessons, Games & Snacks!

**Who:** Students *entering* Kindergarten - *entering* 7th gr.



### Diving into Friendship with God!



**June 21st** - registration deadline. Drop off/mail form with payment to:

**EGCC, 335 Saratoga Road, Glenville, NY 12302**

Office: (518)399-3151      Email: [children@egcchurch.org](mailto:children@egcchurch.org)

Website: [www.egcchurch.org](http://www.egcchurch.org)

Space is limited! Be sure to enroll ASAP

Walk-in registration not guaranteed

Registration fee **\$20 per child** with  
a maximum of \$50 per family. Checks to "EGCC"



Name \_\_\_\_\_ Grade completed 6/2024 \_\_\_\_ Age \_\_\_\_ M/F \_\_\_\_  
 Food Allergies \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Grade completed 6/2024 \_\_\_\_ Age \_\_\_\_ M/F \_\_\_\_  
 Food Allergies \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Grade completed 6/2024 \_\_\_\_ Age \_\_\_\_ M/F \_\_\_\_  
 Food Allergies \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Grade completed 6/2024 \_\_\_\_ Age \_\_\_\_ M/F \_\_\_\_  
 Food Allergies \_\_\_\_\_ Special Needs \_\_\_\_\_

*\*If your child has a **food allergy**, please bring snack. For **Special Needs**, please tell us more on back of form.*

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian **E-mail address** \_\_\_\_\_

Where do you attend church? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_ I'm (parent/guardian) interested in "**Coffee & Connection**" during VBS, 9:15-10:30am.

\_\_\_ I DO NOT give permission for VBS volunteers to **photograph my child** to use on the EGCC website or EGCC social media sites.

**VBS Registration Deadline is Friday, June 21st!**

**-SCUBA VBS-**