

Newtown Ecumenical Vacation Church School 2010



Date: July 19 – 23rd
 Time: 9:00 AM – 12:15 PM
 Place: St. Rose of Lima Church
 Tuition: \$25/first child, \$20 each additional child (payable to EVCS)
 If this fee presents a financial hardship, please contact the directors,
 your church representative or your clergy

Registrations will be accepted from April 18th through May 23rd.
 Space is limited and confirmation of placement will be e-mailed after May 23rd.

Ages: Children 4 years of age by 12/31/10
 (who have completed 1 year of preschool
 and/or Sunday school and are toilet trained)
 up to children entering the 6th grade.

Volunteers: We need many teachers and helpers so
 please consider giving your time. Teaching time
 is only 30 minutes of actual instruction and the lessons
 are provided. Nursery care is provided for volunteer's
 children. Call us, you'll be glad you did!

Mail to: EVCS c/o St. Rose
 38 Church Hill Road
 Newtown, CT 06470
 (payable to Newtown EVCS)



Questions? Contact the Directors:
 Michele Buzzi Dot Perpignand
 426-2374 270-7828
mbuzzijr@charter.net dot.perpignand@sbcglobal.net

Cut here - - - - - Please Print Clearly! - - - - -

Church: Congregational Trinity United Methodist St. Rose Other _____
 Parent/Guardian Name(s) _____
 Address _____
 Town _____, CT Zip code _____
 Home Phone _____ Cell or Work Phone _____
E-mail (correspondence will be by e-mail so please print clearly-please note if you do not use e-mail)

 Total Due\$ _____
 Emergency Contact (if you cannot be reached at the above phone numbers during VBS week)
 Name _____ Relationship _____
 Phone Number(s) _____

Child Name _____ Male _____ Female _____
Fall '10 Grade Level: (circle one) PreK K 1st 2nd 3rd 4th 5th 6th School: _____
 Age: _____ Date of birth: ____/____/____ Allergies/Special Needs _____

Child Name _____ Male _____ Female _____
Fall '10 Grade Level: (circle one) PreK K 1st 2nd 3rd 4th 5th 6th School: _____
 Age: _____ Date of birth: ____/____/____ Allergies/Special Needs _____

Child Name _____ Male _____ Female _____
Fall '10 Grade Level: (circle one) PreK K 1st 2nd 3rd 4th 5th 6th School: _____
 Age: _____ Date of birth: ____/____/____ Allergies/Special Needs: _____