

2017



United Presbyterian Church
of Seattle VBS

Time: 6/28 (Wed) -7/1 (Sat), 10AM - 2:30PM

Ages and grades: age 3 - 6th grade

Location: United Presbyterian Church of Seattle

8505 240th st SW, Edmonds

Contact: 425-776-2711

Application due date: 6/25/2017

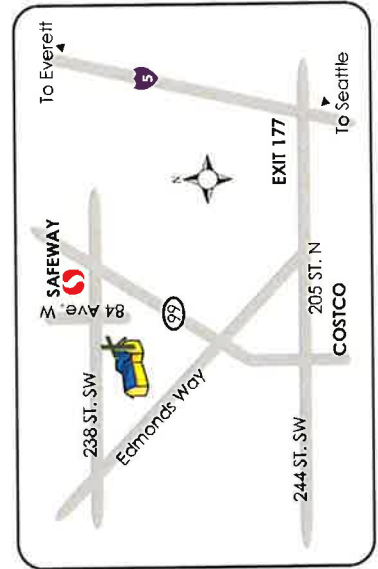
Fee: \$40 Early bird discount: \$30 by 6/11/17

Family Festival: July 1, 12pm

Downloadable application:

<http://yunhapchurch.org/news/>

ATTN: UPCS Education Department
8506 238th st SW
Edmonds, WA 98026



DAY 1 The Relationship Began

BIBLE PASSAGE : Genesis 1st-2, 26-31; John 1:1, 14

KEY VERSE : In the beginning was the Word, and the Word was with God, and the Word was God - John 1:1

DAY 2 The Relationship Broken

BIBLE PASSAGE : Genesis 3

KEY VERSE : For all have sinned and fall short of the glory of God - Romans 3:23

DAY 3 The Restoration Promised

BIBLE PASSAGE : Isaiah 7:14; Matthew 1:18-24; Luke 2:22-28

KEY VERSE : For to us a child is born, to us a son is given, and He will be called Wonderful

Counselor, Mighty God, Everlasting

Father, Prince of Peace - Isaiah 9:6



DAY 4 The Relationship Restored and Continues

BIBLE PASSAGE : Mark 15:22-17:7; John 21:1-19; Acts 1:4, 8

KEY VERSE : This is how God showed His love among us: He sent His one and only Son into the world that we might live through Him - 1 John 4:9

United Presbyterian Church VBS 2017 REGISTRATION FORM

Registration Due Date is June 25th, 2017

Name	*Upcoming Grade Age	*DOB *Kid's Shirt's Size (XS, S, M, L, XL)
1st Child		
2nd Child		
3rd Child		

*** Please note that July 1st is family festival. The family festival begins at 12 pm . Please pick up your child by 12 pm and stay with your child for the festival. Child care will not be provided during the family festival.

*PARENT OR GUARDIAN'S NAME :

*ADDRESS :

City: _____ Zip: _____

*Contact Number (연락처):

H: () _____

C: () _____

Other Emergency: () _____

*PAYMENT \$40.00 (flat rate)
** Early bird discount: \$30
(must be submitted by 6/11/2017)

*CHECK : _____
*CHECK# : _____
*CASH : _____
*AMOUNT : _____

Consent / Liability Release from

I, the parent or the guardian of the child named above, understand that United Presbyterian Church of Seattle or its volunteers will not be held responsible for any injuries or accidents that occur during this event. I take the full responsibility for all.

Medical History

Health Insurance Name & Policy Number (optional):

*Allergy : _____ *None: _____

*Medication: _____ *None: _____

*Parent or Guardian Signature :