



Volunteer Registration

Before VBS, I would like to help by:

- | | |
|--|---|
| <input type="checkbox"/> Praying | <input type="checkbox"/> Preparing craft materials |
| <input type="checkbox"/> Helping with administrative tasks | <input type="checkbox"/> Planning decorations |
| <input type="checkbox"/> Decorating classrooms | <input type="checkbox"/> Painting banners, backdrops, set |
| <input type="checkbox"/> Building sets | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Planning publicity | |

During VBS, I would like to help in one or more of the following areas:

- | | | |
|---------------------------------------|--|---|
| Time Traveler Team: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Crafts: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Snacks: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Games: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Music: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Missions: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| Nursery: | <input type="checkbox"/> Leader | <input type="checkbox"/> Helper |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Sound/AV | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Clean-up Crew | <input type="checkbox"/> Teaching Assistant |

Age Level Preference

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> 0-2 years | <input type="checkbox"/> 2-4 years | <input type="checkbox"/> 4-6 years |
| <input type="checkbox"/> 6-9 years | <input type="checkbox"/> 9-12 years | <input type="checkbox"/> Wherever needed most |

Name _____ Phone _____

Email _____

Days Available: Every day Certain days (please specify):

Register me for Time Lab!

Child's name _____

Gender: Male ___ Female ___ Birthdate ___/___/___ Grade completed _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Please place my child with _____

Name of home church _____

Food allergies Y ___ N ___ List _____

Medical concerns Y ___ N ___ Explain _____

Time Lab!

PERMISSION TO USE IMAGES AND VIDEO

I hereby grant permission for _____

CHURCH NAME

to record sounds, images, or video of my child _____

NAME

while attending *Time Lab*. I also give permission for _____

CHURCH NAME

at its sole discretion, to use these sounds, images, or videos in publications (including print, websites, and social media platforms) owned by _____

CHURCH NAME

in relation to *Time Lab*.

PARENT/GUARDIAN SIGNATURE

DATE

FISCAL YEAR 2018/19 BUDGET

INCOME

OFFERING INCOME	765,000
MISC. INCOME	34,214
SCHOOL INCOME	993,821
LUNCH INCOME	39,000
TOTAL INCOME	<u>1,832,035</u>

SCHOOL EXPENSES

STAFF SALARY	740,827
STAFF BENEFITS	352,320
CURRICULUM	13,500
ADMINISTRATIVE	47,611
ECC MISC.	6,300
LUNCH	39,000
School Totals	<u>1,199,558</u>

CHURCH EXPENSES

STAFF SALARY	175,686
STAFF BENEFITS	88,292
WORSHIP	3,250
STEWARDSHIP/MINISTRY	79,000
ADMINISTRATIVE	3,100
Church Totals	<u>349,328</u>

PROPERTY EXPENSES

STAFF SALARY	33,422
STAFF BENEFITS	4,935
MAINTENANCE	162,750
FINANCE - Insurance and Debt	148,377
Properties Totals:	<u>349,483</u>

TOTAL EXPENSES

1,898,369

Income minus Expenses (Surplus/Deficit)

(66,334)