

# Registration Form

ST. PAUL'S EPISCOPAL CHURCH

STPAULSPGH.ORG OR 412-531-7153

**"Crocodile Dock" Vacation Bible School**  
**Monday, July 6 - Friday, July 10, 2009**  
**1:00 - 3:30 p.m. Ages 4 through 4th grade**

Child's name \_\_\_\_\_

Grade completed \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Food allergies Y \_\_\_\_\_ N \_\_\_\_\_ (list:)

Medical concerns Y \_\_\_\_\_ N \_\_\_\_\_ (explain:)

Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Siblings attending VBS (names and ages) \_\_\_\_\_

People who may pick up child \_\_\_\_\_



**One form per child, please.**