

Registration Form – Winter VBS 2010

February 15-18 from 9:00 am to 12 noon at Perinton Community Church

Please complete one form per child attending.

Child's Name: _____ Gender: M F Grade: _____ Birthdate: _____

Address: _____
Street City Zip-code

Email _____ Home Phone: _____
(We will notify by email if VBS is cancelled due to weather concerns.)

Parent or Guardian: _____

During the activity, I may be reached at: _____ (Phone Number)

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Phone # _____ Relationship to the participant: _____

Physician's Name & Phone Number: _____

Allergies: _____

Special diet: _____

Medications my child is currently taking: _____

Are there any other medical or developmental needs? _____

Is anyone other than you authorized to pick up your child? _____

If yes, please list Name(s) _____

Children will be assigned to multi-aged "tribes" to move through the activities with. Please identify ONE friend or family member you would like your child to remain with. _____

Parent or Guardian Signature _____

My child plans to participate on the following days: __ MON __ TUES __ WED __ THURS

Number (including your child) attending the lunch from 12 noon – 1:30pm on Thurs: _____

Please submit this registration form to the church office **by Sunday, Feb 7, 2008.**

**VBS-PCC @ rochester.rr.com
Perinton Community Church
636 High St. Ext., Fairport, NY 14450
(585) 223-7494**