



**Pittsford Community Church's Operation Space!**  
**July 13<sup>th</sup> – 17<sup>th</sup>, 2009; 9AM-12PM**  
**Children's Registration Form**

*Due to the anticipated popularity of this year's VBS, we encourage you to register your children early. Great efforts are always made to accommodate all children who register, but not at the expense of the integrity or effectiveness of the program or of the safety of the children. Class sizes will be limited based on teacher recommendations and/or space availability.*

Child's Name: \_\_\_\_\_  
Gender: Male / Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed June 2009 \_\_\_\_\_  
(circle one)  
Food Allergies: Yes \_\_\_ No \_\_\_ If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
Medical Concerns: Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_  
Gender: Male / Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed June 2009 \_\_\_\_\_  
(circle one)  
Food Allergies: Yes \_\_\_ No \_\_\_ If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
Medical Concerns: Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

*(See reverse if you need to register additional children)*

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Relationship to Child(ren) \_\_\_\_\_ Phone \_\_\_\_\_  
Person(s) authorized to pick up your child(ren) \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Gender: Male / Female    Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_    Grade Completed June 2009 \_\_\_\_\_  
(circle one)  
Food Allergies: Yes \_\_\_ No \_\_\_ If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
Medical Concerns: Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_  
Gender: Male / Female    Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_    Grade Completed June 2009 \_\_\_\_\_  
(circle one)  
Food Allergies: Yes \_\_\_ No \_\_\_ If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
Medical Concerns: Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_  
Gender: Male / Female    Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_    Grade Completed June 2009 \_\_\_\_\_  
(circle one)  
Food Allergies: Yes \_\_\_ No \_\_\_ If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
Medical Concerns: Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_  
Gender: Male / Female    Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_    Grade Completed June 2009 \_\_\_\_\_  
(circle one)  
Food Allergies: Yes \_\_\_ No \_\_\_ If Yes, please list \_\_\_\_\_  
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Medical Concerns: Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_  
Gender: Male / Female    Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_    Grade Completed June 2009 \_\_\_\_\_  
(circle one)  
Food Allergies: Yes \_\_\_ No \_\_\_ If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
Medical Concerns: Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_