



Pittsford Community Church's Vacation Bible School

July 19th – 23rd, 2010; 9 AM-12PM

Children's Registration Form

Where did you hear about PCC's VBS? (Please circle all that apply): Newspaper Ad; Friend; Church Bulletin; Church Website; Other _____

We encourage you to register your children early as class sizes are limited. 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.

I am a volunteer for this year's VBS: Y _____ N _____ (If so, please be sure you filled out a volunteer registration form.)

PLEASE PRINT CLEARLY AND LEGIBLY

Child's Name: _____
 Gender: Male / Female _____ Birthdate ____/____/____ Grade Completed June 2010 _____
(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 2010 _____
(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 2010 _____
(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 2010 _____
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