



2009 Registration Form

Monday, July 27- Thursday, July 30, 2009

6:00-8:30PM

Instructions:

- PRINT all information on this form. (Be sure to include your child's **grade completed**.)
- Please be sure to complete all information and Include FIRST and LAST names and EMAIL.

Reminders:

- Return this form to All Saints Lutheran Church with your check payable to *All Saints* by June 15, 2009.
- All children attending MUST be at least 3 years old by 7/30/09 and fully potty trained to attend.

Registration Information

Names of children attending Crocodile Dock (Please Print)					Registration Type: (Check one)	Office Use
First	Last	Grade Completed	Male(M) Female(F)	T-Shirt Size Youth S/M/L/XL	<input type="checkbox"/> Full Week \$20.00/child (1-3 kids) <input type="checkbox"/> Family Fee - \$50 (4+ kids in same family)	Date Rec'd
					<input type="checkbox"/> Daily Fee \$6.00/child/day Days Attending ___M ___T ___W ___R	CK _____
					After July 1, 2009 all Registration fees will Increase to \$25 per child.	CA _____
					Total: \$ _____	
Parent/Guardian 1 first & last name: First _____ Last _____						
Parent/Guardian 2 first & last name: First _____ Last _____						
Address, City, Zip: _____						
Phone number: _____			Cell Phone: _____			
Email: _____			Home Church: _____			

Please provide us with any information we should know about your child. (ie allergies, special needs, etc.)		
Emergency Contact:		
Phone number:	Relationship:	
Names of additional adults who are authorized to pick up your child from VBS (Note, we will not release your child to anyone that is not a parent or on this list without prior written notification)	1.Name & relationship:	
	2.Name & relationship:	
Is your child attending with a friend? Who?		

Financial scholarships are available to attend VBS. For more information on scholarship availability, please contact either: Pastor Jenn Moland-Kovash or Pastor Seth Moland-Kovash at 847-991-2080.

