



Group Publishing's
Crocodyle Dock
2009 Vacation Bible School
Trinity Evangelical Lutheran Church
Wexford, PA 15090
(724)935-2746
July 6 – 10, 2009
9:00 AM – noon
(for ages 4 through completed 5th grade)

Child's Name: _____

Parents Names: _____

Address and Zip Code: _____

Phone: _____(home) _____(work) _____(cell)

Email: _____

Emergency Contact and Phone No.: _____

Date of Birth: _____ School Grade completed by July 2009: _____

I hereby grant permission for my child to receive emergency medical attention should the need arise:

(Parent or Guardian) _____ (Date)

Allergies/medical information that staff should be aware of: _____

Children must be picked up each day by parent or by someone authorized by parent **in writing**.

_____ Check here if you will donate 2 dozen cookies.

_____ Check here if you are willing to help.



A \$15.00 registration fee and this form must be returned to the Christian Ed. Office **no later than** June 28th. (For families with more than one child attending, the first child will be \$15 and each additional sibling will be \$5.) Please call the Christian Ed. Office (724-935-2746) for further information or with questions.

