



VACATION CHURCH SCHOOL—2017

Age 4—5th Grade

June 26—June 30—9:00 am to 3:00 pm

We invite all of God's children, ages four—5th grade, to this year's VCS "Digging for Treasure—Parables Revealed" to participate in an all day program of worship, stories, discussion, activities and meals.

To register: Complete the form below.

(One Registration Form Per Student) Return form to the ELPC church office in person, or mail to: ELPC, VCS Program, 116 S. Highland Ave., Pittsburgh, PA 15206. Questions? Call Gloria at 412/441-3800 ext. 22.



ELPC VACATION CHURCH SCHOOL 2017 REGISTRATION FORM

Please register before
June 12
One Registration
Form Per Student

* Student Information

Student's Name _____ Age _____ Birth Date _____

Student's Address _____
street city state zip code

Grade completed as of June 2016 _____ Gender: Male ___ Female ___

Note about Preschool Age children - Vacation Church School preschool is for children age four (must be four by June 26, 2017) to age five who have not completed Kindergarten. The Preschool program will be AM, but children can stay for nap time and afternoon activities until 3:00 p.m.

For preschoolers—Did you ever attend daycare/camp/preschool before? Yes/No _____ **Preschoolers must be toilet-trained.**

Food/Environmental Allergies: Yes/No If yes, list ALL allergies _____

Special Needs/Other _____

Will your child need to take medicine during their day with us? Yes/No _____ Name of Medication _____

Dosage: _____ Physician: _____

Name of your Home Church: _____ Are you looking for a Home Church? _____

How did you hear about us? Through a friend _____ Mailing from ELPC _____ Attended previous year _____
Advertising Sign about VCS outside the church _____ Web Site _____ Other _____

Languages spoken at home: _____

* Parent/Legal Guardian(s) of student registered above:

Parent/Guardian Name: _____

Address _____
street city state zip code

Phone: (Work) _____ (Home) _____ (Cell) _____

Email: _____



EMERGENCY CONTACT:

(Please fill in ALL contact information.)

Emergency Contact Person _____

(Someone to contact if Parent/Guardian cannot be reached.)

Relationship: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Address: _____
Street City State Zip Code

Please list everyone who is authorized to pick up your child:

1. _____

2. _____

3. _____

4. _____

PHOTO RELEASE FORM: Photos are sometimes taken and used in the promotion of our ministries. Please sign the following release:

I give permission to East Liberty Presbyterian Church to use photos of student listed on this form and to put the finished photos to any use (newsletter, bulletin boards, web-site) without limitations or reservation.

Student Name: _____

Signature of Parent or Guardian: _____ **Date:** _____

OFFICE USE:

Rec. Registration: _____

Rec. Medical Form _____