

**SEEKERS in SNEAKERS**  
Discover Jesus!

# VACATION CHURCH SCHOOL

## JUNE 24-JUNE 28 , 2024

9:00 am to 3:00 pm

We invite all of God's children, ages four—5th grade, to this year's VCS :



To register: Complete the form below or online at [ELPC.Church](http://ELPC.Church) (follow QR Code)  
**(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? Contact Megan at 412/441-3800 ext. 222 or [meganl@coh.net](mailto:meganl@coh.net).



## 2024 REGISTRATION FORM

Please register before  
**June 7**  
One Registration Form  
Per Student

### \* Student Information

Student's Name \_\_\_\_\_ Age (as of 6/24/24) \_\_\_\_\_ Birth Date \_\_\_\_\_  
Student's Address \_\_\_\_\_

street city state zip code

Grade completed as of June 2024 \_\_\_\_\_ Gender: \_\_\_\_\_ Student's preferred pronouns \_\_\_\_\_

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

Has your child received the Covid-19 vaccine? \_\_\_\_\_

Special Needs/Other \_\_\_\_\_

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

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: \_\_\_\_\_

**Note about Preschool Age children** Vacation Church School preschool is for children age four (must be four by June 24, 2024) to age five who have not completed Kindergarten.

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

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

Parent/Guardian Name(s): 1. \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name(s): 2. \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_



## EMERGENCY CONTACT:

**(Please fill in ALL contact information.)**

Emergency Contact Person \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

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. \_\_\_\_\_

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**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: \_\_\_\_\_

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**OFFICE USE:**

Rec. Registration: \_\_\_\_\_

Rec. Medical Form \_\_\_\_\_