

**VBS 2009 Registration Form**  
**Christ the King Crocodile Dock**  
**Monday, June 8<sup>th</sup> Through Friday, June 12<sup>th</sup>**  
**9:00 a.m. - 12:00 p.m. (noon)**  
**Ages: 4 (by 6/07/09) thru (entering) 4<sup>th</sup> Grade in FALL**  
**(one form per family)**  
**REGISTRATION DEADLINE: MAY 15, 2009**

PLEASE PRINT:

Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mom cell: \_\_\_\_\_ Mom work: \_\_\_\_\_

Dad cell: \_\_\_\_\_ Dad work: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Boy/Girl

DOB: \_\_\_\_\_ Grade next Fall: \_\_\_\_ t-shirt size: YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ YXL \_\_\_\_

Allergies \_\_\_\_\_ Did child attend VBS in 2008 Yes / No

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Boy/Girl

DOB: \_\_\_\_\_ Grade next Fall: \_\_\_\_ t-shirt size: YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ YXL \_\_\_\_

Allergies \_\_\_\_\_ Did child attend VBS in 2008 Yes / No

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Boy/Girl

DOB: \_\_\_\_\_ Grade next Fall: \_\_\_\_ t-shirt size: YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ YXL \_\_\_\_

Allergies \_\_\_\_\_ Did child attend VBS in 2008 Yes / No

In case of emergency, contact: \_\_\_\_\_ phone #: \_\_\_\_\_

Comments: \_\_\_\_\_

I give my permission for my child(ren) to have his/her picture taken: yes/no

If your child(ren) attended VBS last year has the following occurred: Change of Address: Yes / No A Change of Insurance Provider Yes / No or A Change of Medical Condition: Yes / No

- **Early Registration fee \$20 per child (includes cost of t-shirt). Late registration fee (after May 15, 2009) \$30 per child. Make checks payable to Christ the King Church.**
- **Please note: Registration for your child cannot be completed until this form and payment are submitted.**
- **Please return to RE Office ASAP (spaces fill quickly). Register on time to insure your child gets a t-shirt.**

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SCHOLARSHIPS AVAILABLE - PLEASE CONTACT RE OFFICE

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:	
Check # _____	Amount: \$ _____
Medical Form: _____	Non-Parish: _____
Computer: _____	