

# CHURCH OF SAINT PAUL

Religious Education Program  
214 Nassau Street  
Princeton, New Jersey 08542

609-924-1743 ext. 118

## REGISTRATION FORM FOR VACATION BIBLE SCHOOL

JULY 20 - 24, 2009

9am - 12pm

**Cost: \$80.00 each child; family maximum of \$200**

Child's Name: \_\_\_\_\_

Grade Entering in September: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Family address: \_\_\_\_\_

Home tel. # \_\_\_\_\_ Work tel. # \_\_\_\_\_

Cell phone # \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Please list two emergency contact names we may use in case we cannot contact you.  
Please note these must be people who could pick-up your child if an emergency arises.

1<sup>st</sup>. Contact: \_\_\_\_\_ Tel. # \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Tel. # \_\_\_\_\_

Please list any allergies your child may have, or situations we should be aware of. All information is kept confidential:

Are there any custody arrangements we need to be aware of with regard to your child being dropped off or picked up?

Please sign and return this form in it's entirety to the Office of Religious Education, along with your check made out to St. Paul Religious Education.

"I authorize St. Paul's staff to transport my child to Princeton Medical Center in case of an emergency if I cannot be reached."

Parent's Signature: \_\_\_\_\_ (Father)

\_\_\_\_\_ (Mother)