



First Presbyterian Church Vacation Bible School Registration

August 14-18, 2017 — 9:00-11:30 a.m.

For children age 4 – entering Grade 5

Parent's Name(s): _____

Home Address: _____

Main Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Main Phone: _____ Alternate Phone: _____

Family Doctor: _____ Doctor's Phone: _____

Child's Name: _____

Grade Entering: _____ Birthday: ____/____/____ Age: _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Child's Name: _____

Grade Entering: _____ Birthday: ____/____/____ Age: _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Child's Name: _____

Grade Entering: _____ Birthday: ____/____/____ Age: _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Other information we might need to know about your child/children:

Days your child will attend VBS (please circle): Monday Tuesday Wednesday Thursday Friday

Person(s) Name(s) Who May Pick up the Child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Vacation Bible School (VBS) leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program.

Parent Signature: _____ Date: _____