

VBS 2019 REGISTRATION

JUNE 23-27 SUNDAY-THURSDAY



CHILD'S NAME _____

Birth date: _____ Grade completed: _____ Age: _____ Boy/Girl circle

Parent First & Last name: _____

Address: _____ Zip _____

Cell phone: _____ Email _____

Emergency Contact: _____

Emergency **2** Phone Numbers: _____ or _____

Relation to child _____

Special needs or allergies: _____

Person responsible for Pick up: _____

Their Phone Number: _____

Relation to child: _____

Are there siblings in this VBS? _____

List their names: _____

T-shirt size: ___child XS(size 2-4)___ Child S (6-8)___ Child M (10-12) ___ Child L (14-16)___ Child XL(16+)

___ Adult S ___ Adult M ___ Adult L ___ Adult XL

I agree to allow photos of my child to be used in church presentational materials. ___yes___ no

How did you hear about our VBS? _____

Are there other siblings or friends that will be dismissed with your child? ___yes___ no If so, list their names: _____

Any special notes or comments: _____

Welcome to VBS 2019 at First Presbyterian Church!