



VBS 2018 REGISTRATION FORM

First Presbyterian Church of Strasburg

Sunday, July 15 – Friday, July 20, 6:00 – 7:45 PM

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
CHILD'S FIRST NAME				
CHILD'S LAST NAME				
AGE				
BIRTH DATE				
LAST GRADE COMPLETED (CIRCLE ONE)	N/A Preschool PreK K 1 st 2 nd 3 rd 4 th 5 th	N/A Preschool PreK K 1 st 2 nd 3 rd 4 th 5 th	N/A Preschool PreK K 1 st 2 nd 3 rd 4 th 5 th	N/A Preschool PreK K 1 st 2 nd 3 rd 4 th 5 th
ALLERGIES				
MEDICAL CONCERNS				

Name of Parent/Guardian: Mother's Name: _____ Home Address: _____

Father's Name: _____

Guardian's Name: _____

Phone: _____

Email Address: _____

Alternate Phone: _____

Wait – There's More! ... Continued on Page 2

... Continued from Page 1

Name of Additional Emergency Contact: _____

Relationship to Child(ren): _____

Phone: _____

Alternate Phone: _____

Church Affiliation: _____

People Who May Pick Up Child(ren) (besides parent / guardian): _____

***** We want to make sure your child receives all that the others will receive so if you absolutely know that there will be a day or days of absence please indicate that below *****

Days Your Child(ren) will be Absent (circle all that apply): Sun Mon Tues Wed Thurs Fri

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program (check one).

☐

YES, my child(ren) can be photographed/filmed

☐

NO, do not photograph/film my child(ren)

Any Additional Concerns / Comments We Should Know Above Your Child(ren):

Parent's Signature: _____

