



VBS 2021 REGISTRATION FORM

First Presbyterian Church of Strasburg

Sunday, Aug 1 – Friday, Aug 6, 6:00 – 7:45 PM

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
FIRST NAME				
LAST NAME				
AGE				
BIRTH DATE				
LAST GRADE COMPLETED (CHECK ONE)	Preschool ____ PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____	Preschool ____ PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____	Preschool ____ PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____	Preschool ____ PreK ____ K ____ 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ 5 th ____
ALLERGIES				
MEDICAL CONCERNS				

Parent / Guardian Name(s): _____

Home Address: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Name of Additional Emergency Contact: _____

Relationship to Child(ren): _____ Phone: _____

Church Affiliation: _____

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

WAIT, THERE'S STILL MORE! PLEASE SEE PAGE 2!

**** 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
child(ren)

NO, do not photograph/film my

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

Parent's Signature: _____