



First Presbyterian and Christian Assembly churches

2019

Vacation Bible School

Registration Form

June 24th-June 28th; 6:00PM -8:30PM



M		T		W		TH		F	
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ALLERGIES: YES NO

Phone number where you can be reached during VBS hours: _____

Child's Name: (last) _____ (first) _____

Age: _____ Date of Birth: _____ Last grade completed: _____

ADDRESS: _____ CITY/STATE _____

ZIPCODE _____

Parent/Guardian: (last) _____ (first) _____

Home Phone: _____ Cell Phone: _____

Does your child have any medical condition(s) that we should be aware of (allergies, medication, etc.)?

Sibling(s) who will also be attending VBS: _____

Permission granted to photograph /video and release images:

parent/guardian signature

Home Church: _____

Are you interested in visiting our church during regular Sunday services? YES NO

EMAIL: _____ OTHER: _____