

First Presbyterian Church
REGISTRATION FORM

Vacation Bible School
"ROAR!"

June 10th - 14th

Office Use Only

Crew Name: _____ Date Rec'd _____

Child's Name: _____

Date of Birth: _____ Age: _____ Grade Completed: _____

T-Shirt Size:

XSm(2-4) Sm(6-8) Med(10-12) Lg(14-16) Adult Sm(34-36) Adult Med(38-40) Adult Lg(42-44)

Allergies/medical conditions: ___ No ___ Yes (explain) _____

Parent Information (or, same as _____)

Parent(s) Name: _____

Address: _____

___ Kingsford ___ Iron Mtn. ___ Norway ___ Quinnesec Other: _____

Home/Cell Phone: _____ Work Phone: _____

Home e-mail address: _____

Home Church: _____

In case of emergency, contact parents listed above: yes _____ no _____ ; OR contact:

(name and phone number): _____

****RELEASE INFORMATION: Valid for June 10-14, 2019****

My child may only be picked up from VBS at First Presbyterian Church by parents listed above (yes _____) OR by:

(If applicable: My child has permission to ride their bike or walk home ___ Yes)

Signed (Parent or Guardian): _____ Date: _____