

First Presbyterian Church

VBS Registration Form

(one per child)



Child's name: _____ Child's gender: _____

Child's age: _____ Date of Birth: _____ Last school grade attended: _____

Name of parent(s) or caregiver: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____

Parent/caregiver cell phone _____ Email: _____

Allergies or other medical conditions: _____

Church Affiliation: _____

Parent Signature