



Vacation Bible School Registration Form

First Presbyterian Church of Youngstown
July 23rd-27th 9AM-Noon

Child's Name _____

Parent/Guardian Name _____ Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Age Information

Date of Birth _____ Age _____

Last school grade completed _____

Home Church _____

If possible, is there a child that you would like your child to be grouped with?

Allergies/Medical Information

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information Names of person(s) who may pick up this child from VBS each day.

I give my permission for First Presbyterian Church to use my child's picture in publicity, including Facebook & our website. Parents Signature _____

I would be willing to be a helper during VBS? ____

Other Information (church use only) Group _____

Is parent volunteering here? _____