



**FIRST PRESBYTERIAN CHURCH OF GOSHEN
VACATION BIBLE SCHOOL REGISTRATION**

(One form per child, please)

Student First Name: _____

Student Last Name: _____

Nickname: _____ Gender: Male Female

Age: _____ Grade just finished: _____

T-Shirt Size (Please circle youth or adult): _____

Allergies: _____

Medical Issues or Special Needs: _____

Parent(s) Name (first and last): _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact (first and last name): _____

Emergency Phone: _____

Alternate Pickup (first and last name): _____

Alternate Pickup Phone: _____

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury. Initial _____

Please attach current immunization record. REGISTRATION WILL NOT BE COMPLETE WITHOUT THIS RECORD.

Photo Release: I hereby grant the First Presbyterian Church of Goshen permission to use photographs/videos taken at VBS of the minor designated above for VBS or church use. Initial _____

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used for VBS purposes.

Parent Signature

Date

First Presbyterian Church of Goshen
33 Park Place
Goshen, NY 10924

Phone: 845-294-7991 Fax: 845-615-1239 email: fpgoshen@frontiernet.net

(Please mail or drop off forms and payment asap to reserve your child's spot)

—Office use only

REG FORM _____ PAYMENT _____ IMMUNIZATIONS _____