



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 (youth/adult): _____

Home Church (if applicable): _____

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 in any manner or form for any purpose lawful at any time. 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 by the VBS hosting church.

Parent Signature Date