



Vacation Bible School, June 3rd - 6th from 9:00am - Noon

*****Please fill out a separate form for each child being registered*****

Child's Name: _____ Last School Grade Completed: _____
Child's Gender: _____ School Attending: _____
Child's Age: _____ Home Church: _____
Child's Date of Birth: _____

Medical Information:

Allergies or Other Medical Information we should be aware of: _____

Primary Caregiver Contact Information:

Primary Caregiver Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cellphone: _____
Email: _____

Emergency Contact Information:

Emergency Contact Name: _____
Relationship to the Child: _____ Phone Number: _____

Photo Release Form:

_____ I am okay with my child's photograph being placed on the FPCL website without any identifying information.

_____ Please do not include my child in the photographs that will be posted on the FPCL website

Student Name: _____ Parent/Guardian Signature: _____