

FIRST PRESBYTERIAN CHURCH CLARION, PA
VACATION BIBLE SCHOOL REGISTRATION FORM

Student Name _____

Student Date of Birth _____

Parents' Names _____

Full Address _____

Home Phone Number _____

Parent(s) Cell Phone No. _____

Email Address _____

Name of School Student _____
Attends

Student's Grade in School _____ **(as of Fall 2024)**

Allergies or Medical Concerns we should be aware of (children will get snacks during Vacation Bible School)

Please check one of the following:

_____ **Photos of children are permitted for publication**

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Signature of Parent _____

Date Signed _____