

FIRST PRESBYTERIAN CHURCH, CLARION, PA
VACATION BIBLE SCHOOL STUDENT INFORMATION

Student Name _____

Student Date of Birth _____

Parents' Names _____

Full Address _____

Home Phone Number _____

Parent(s) Cell Phone No. _____

Family Email Address _____

Name of School Student _____

Attends

Student's Grade in School _____

**Allergies, Medicines 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**

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

Parent Signature _____

Date Signed _____