

**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 2025)**

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**

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

Signature of Parent _____

Date Signed _____

Please submit registration form to the church by mail to 700 Wood St. Clarion, PA 16214 or by email to churchoffice@clarionfirstpresby.org so that it arrives prior to the first evening of Vacation Bible School if possible. THANK YOU!