



Vacation Bible School 2014

Registration Form

Name _____ Parent(s) name(s) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) ____ - ____ Email _____

Date of Birth _____ Child's Grade (Fall 2014) _____

Food Allergies/Medical Alerts _____

In case of an emergency, please call _____

Days attending Weird Animals! (please check all that apply)

Monday 8/4__ Tuesday 8/5__ Wednesday 8/6__ Thursday 8/7__



***I **DO/DO NOT** give permission for my child's photo to be used in Western Presbyterian Church's and Palmyra Reformed Church's printed ads, media, internet and brochures for public relationship purposes.

Parent Signature _____ Date _____