

# Vacation Bible School

July 11-13, 2023 ~ 5:30 pm – 7:30 pm  
First Presbyterian Church, Delhi, NY



## Registration Form

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_  
Entering School Grade: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Parent Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Names of persons with permission to pick up this child from VBS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies: Y / N

List if yes: \_\_\_\_\_

Medical Concerns Y / N

List/explain if yes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr.'s Phone: \_\_\_\_\_

Church affiliation: \_\_\_\_\_