



VBS Registration Form
Hero Central
 (one per family)

August 7th - 11th, 2017

6:00 - 8:30pm

Ages 4 through 5th grade

<u>Name</u>	<u>Age</u>	<u>Birth Date</u> (mm/dd/yy)	<u>Grade going into</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Names _____

Home Address _____

Home Phone _____ Cell Phone _____

Home Email _____

Emergency Contact _____ Relation to Student _____

Home Phone _____ Cell Phone _____

Food Allergies if yes please explain _____

Medical Concerns if yes please explain _____

Home Church _____

T-Shirts Sizes ____XS ____S ____M ____L ____XL

I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with the VBS program.

Parent's Signature _____

Thomas Presbyterian Church ~ 1068 Linden Rd ~ Eighty Four, PA 15330 ~ 724-941-8910

Contact: Patti 724-941-6609

www.thomaspres.org