



Plain City Presbyterian Church
231 E. Main St., Plain City
614-873-5011
VACATION BIBLE SCHOOL
Registration
June 26-June 30
10 am until noon



Child's name: _____

Parent(s)/Guardians(s) Names: _____

Child's Address: _____

City:/Zip _____

Cell Phone: _____

E-mail: _____

Date of Birth: _____ Gender: _____ Age: _____ Grade (as of this fall): _____

Name of Person responsible for picking up child from VBS: _____

Relationship to child: _____

Cell Phone number: _____

Name and phone number of person to contact during VBS for emergency reasons:

Name: _____

Phone: _____

We serve snacks during VBS. Does your child have any food allergies? _____

Any special needs? _____

Do you agree to allow photos to be taken of your child? **Yes or No**

Do you agree to allow your child's photo to be used in church presentations or promotional materials?
Yes or No

To be posted on the Church's Facebook site or website? **Yes or No**

Parent's Signature

Date