

Register online at www.rockport Presbyterian.org or fill out the following and deliver to the church office

VBS Registration Form-2017

First Presbyterian / St. Peter's Episcopal Church

Child's Name _____ M/F _____

Child's Age _____ Birthdate _____ Last grade completed _____

Name of Parent(s) _____

Street address _____

Mailing address (if different) _____

City _____ State _____ Zip code _____

Home Phone _____ Cell _____

Email Address _____

Allergies or other medical conditions _____

Emergency Contact #1: _____ Phone # _____

Relationship: _____

Emergency Contact #2: _____ Phone # _____

Relationship: _____

Authorized Pick-up Person #1: _____ Phone # _____

Relationship: _____

Authorized Pick-up Person #2: _____ Phone # _____

Relationship: _____

Picture Release: By registering your child for Vacation Bible School ("VBS"), you are giving permission for your child to be included in photographs or videos taken. This also gives your permission for photos and videos to be uploaded to our website.

Signature of Parent/Guardian: _____

Date: _____