

VBS REGISTRATION FORM

VACATION BIBLE SCHOOL

August 16 – August 20, 2019

9:00 AM – 12:00 PM*

Open to ages 4 -12

First Presbyterian Church of Hawley

815 Church Street Hawley, PA 18428

570-226-4835



*Light breakfast will be available at 8:45, snack and a bag lunch provided

Please return this registration form to the church office or register online (myvbs.org/fpch) by Sunday, August 8, 2021.

Child's Name: _____ Nick name: _____

Parent/Guardian Name(s): _____

Address: _____

E-mail Address(es): _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

PARTICIPANT INFORMATION

Date of birth: _____ Age: _____ Last school grade completed (Pre-K+): _____

Food Allergies: _____

Allergies/Medical Issues/Information/Other: _____

DISMISSAL INFORMATION

Name(s) of person(s) who may pick up this child from VBS:

EMERGENCY CONTACTS

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

Important information and signature required on reverse

Important information:

1. VBS is aimed at children who have completed pre-K (entering Kindergarten) through Middle School. Older children can participate as volunteers.
2. Children should have socks and sneakers for games as well as a change of clothes to be stored in their VBS bag.
3. Waterproof sunscreen should be applied to children before they arrive or supplied and kept in their VBS bag if you would like it to be applied before the games rotation outside.
4. Please indicate on the registration form if a child would like to be in the same class as a friend.

Medical Release: I give my permission to VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the First Presbyterian Church of Hawley permission to use photography/videos taken at VBS, of the minor designated above, for any purpose lawful at any time (advertising, displays, program promotion, et cetera). I waive any right that I may have to inspect or approve the finished product or written/posted copy, that may be used in conjunction therewith, or the use to which it may be applied.

I have read and understand the above important information, medical, and photo releases.

Parent/Guardian signature

Date

If you are interested in volunteering for VBS please contact Nancy at 570-226-5040 or visit our online registration page at www.myvbs.org/fpch . Please note, background clearances will be required for all volunteers.

Other Information: (church use only)

Group: _____

Are parents helping with VBS? _____ If yes, where? _____