



VBS 2017 Registration Form
June 26th -29th
6:00-8:00 PM
at Wayside Presbyterian Church

Please complete this form and return it by
June 18th

Child's Name _____ Child's Age _____
Grade as of Fall '17 _____ Male/Female
Allergies/Special Needs/Other:

Parent/Guardian Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Home Church (if any) _____

Emergency Contact

Name _____ Phone _____

Relationship to Child _____

If someone other than a parent/guardian will be picking your child up, please indicate that person below. ID may be required upon pick up.

Name _____

Contact Number _____ Relation _____

Photo Release

_____ I agree and consent to the use of any pictures or video of the above child during the program to use for training and/or publicity purposes. In addition to being displayed inside the church, the pictures may appear in training slides/videos, our website, our Facebook page, brochures and the local newspaper. Names of the children will never be used with their pictures. (Please initial)

Waiver of Responsibility

I give _____ permission to participate in this program. The leaders will not be held responsible for injury, etc.

Parent/Guardian Signature _____

Date _____



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