

Creswell Presbyterian Church
Vacation Bible School July 22-25, 2019

Check if sibling(s) will also be attending

Upcoming Grade _____

M	T	W	Th
For Office Use			

Child's Full Name _____
Please Print Clearly

Parent's Full Name _____

Address _____ **P.O. Box** _____

City _____ **Zip** _____

Phone #s _____ **Home** _____ **Cell** _____

Email _____

Birthday _____
Month Day Year

List any allergies/or medications: _____

Do you attend church? Yes _____ No _____

If yes, where? _____ **City** _____

How did you learn of our Vacation Bible School?

In Case of Emergency Call:

_____ **Home Phone** _____
Full Name Cell Phone _____

How will the child be getting home? car _____ bike _____ walk _____

Who has permission to take your child home? Relationship?

By signing this form, I give Creswell Presbyterian Church the permission to photograph my child and use his or her picture in church online or print publications, as well as the Creswell Chronicle. Creswell Presbyterian Church will never publish a child's name in any publications.

_____ **Parent or Guardian Signature** _____ **Date** _____