



First Presbyterian Church of Covington Vacation Bible School Registration Form

Vacation Bible School will be held at First Presbyterian Church Covington
June 3-6, 2024, from 9am to 12pm.

NOTE: Guaranteed space and t-shirt reserved for applications submitted by May 19th. Walk-ins are welcome if space is available.

Child #1 Information:

Child's Name: _____ DOB: _____

VBS Age Group: PreK (3s and 4s) K-2nd 3rd-5th

T-shirt Size: Child XS Child S Child M Child L Child XL
 Adult S Adult M Adult L Adult XL Adult XXL

Allergies: _____

Conditions requiring special consideration (medical/physical):

Does your child require: (A) Epipen Yes No (B) Inhaler Yes No

Child #2 Information:

Child's Name: _____ DOB: _____

VBS Age Group: PreK (3s and 4s) K-2nd 3rd-5th

T-shirt Size: Child XS Child S Child M Child L Child XL
 Adult S Adult M Adult L Adult XL Adult XXL

Allergies: _____

Conditions requiring special consideration (medical/physical):

Does your child require: (A) Epipen Yes No (B) Inhaler Yes No

Child #3 Information:

Child's Name: _____ DOB: _____

VBS Age Group: PreK (3s and 4s) K-2nd 3rd-5th

T-shirt Size: Child XS Child S Child M Child L Child XL
 Adult S Adult M Adult L Adult XL Adult XXL

Allergies: _____

(over)

Conditions requiring special consideration (medical/physical):

Does your child require: (A) Epipen Yes No (B) Inhaler Yes No

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____ **Alternative Phone #:** _____

Email address: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name(s) of other person(s) permitted to pick child(ren) up from VBS:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parental/Guardian Consent:

In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to First Presbyterian Church of Covington to seek and authorize emergency medical care to be given to my child named above. (For example; first aid, medication, anesthesia, or surgery.) This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. First Presbyterian Church of Covington will make reasonable attempts to notify parents/guardians prior to authorizing any such emergency care. I fully understand that my child must abide by all rules governing conduct and safety while attending Vacation Bible School program activities at First Presbyterian Church of Covington.

Additionally, I give permission for the leaders, staff and/or volunteers of First Presbyterian Church of Covington to photograph and/or video my child for purpose of in-house church use and/or for public information/use for promotion of the church.

Parent/Guardian Signature: _____

Date: _____