



First Presbyterian Church

Vacation Bible School Registration – 2023

Attendee Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Rising Grade: _____ Rising School: _____

Parent or Guardian Contact Information (for Children)

Please list three professional references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Signature

Does your child have allergies to food or any physical restrictions, etc. that we should be aware of? If so, please list or explain below:

Has your child received a tetanus shot in the past two years? ___ Yes ___ No

Has your child received a COVID-19 vaccination? ___ Yes ___ No

Signature: _____ Date: _____

Complete, sign, scan, and **e-mail** this form to: secretary@fpcwaxhaw.org

or **mail** to: First Presbyterian Church / VBS Registration
P.O. Box 175
Waxhaw, NC 28173