

2022 VBS REGISTRATION FORM

JUNE 27-JULY 1
VBS 9 AM - NOON
VBS PLUS NOON - 3 PM



ALL REGISTRANTS
RECEIVE A
VBS T-SHIRT

- * All kids, **age 3 (by June 27, 2022) through rising 5th graders**, are welcome to attend.
- * The cost for VBS is \$40 per child, but scholarships are available so no one is turned away.
- * The optional Plus program is for all children and costs \$40 per child.
- * Registration closes **June 13, 2022. Space is limited, so register early!**
- * Please complete the **front and back** of this form and return it to the Church Office or email to peter@fpcsantamonica.org
- * Payment can be made online at www.fpcsantamonica.org or checks can be made payable to First Pres Santa Monica and sent to or dropped off at the church.

Child 1 Name: _____ Gender: M/F/N/T/I
Date of Birth ___/___/___ Age _____ Grade starting in fall _____
T-shirt Size (L, M, S, XS) _____ Will this child be staying for the Plus program? (Y/N) _____
I'm bringing a friend/attending with a friend Friend's name _____

Child 2 Name: _____ Gender: M/F/N/T/I
Date of Birth ___/___/___ Age _____ Grade starting in fall _____
T-shirt Size (L, M, S, XS) _____ Will this child be staying for the Plus program? (Y/N) _____
I'm bringing a friend/attending with a friend Friend's name _____

Child 3 Name: _____ Gender: M/F/N/T/I
Date of Birth ___/___/___ Age _____ Grade starting in fall _____
T-shirt Size (L, M, S, XS) _____ Will this child be staying for the Plus program? (Y/N) _____
I'm bringing a friend/attending with a friend Friend's name _____

Child 4 Name: _____ Gender: M/F/N/T/I
Date of Birth ___/___/___ Age _____ Grade starting in fall _____
T-shirt Size (L, M, S, XS) _____ Will this child be staying for the Plus program? (Y/N) _____
I'm bringing a friend/attending with a friend Friend's name _____



ENROLLMENT/EMERGENCY INFORMATION

Parent's Name _____ Cell Phone _____ - _____ - _____

Parent's Name _____ Cell Phone _____ - _____ - _____

Guardian's Name _____ Cell Phone _____ - _____ - _____

Home Address _____ City _____ Zip _____

Home Phone _____ - _____ - _____ Primary Email: _____

During Vacation Bible School I can be reached at: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____ Relationship to child _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Are there any special needs or medical concerns we should be aware of?

(Please include food allergies and indicate specific child .):

Other concerns or instructions: _____

MEDICAL RELEASE:

If the parent or legal guardian(s) of child(ren) listed above cannot be reached at the time of an emergency and if, in the judgment of the church staff, immediate observation or treatment is urgently required I authorize and direct the church staff to secure necessary emergency medical attention. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/Guardian Date

PHOTO RELEASE:

I grant permission for the use of photographs or electronic images of my child(ren) taken by or on behalf of First Presbyterian Church of Santa Monica for promotional/informational purposes, church publications and programming materials, including the church website.

Signature of Parent/Guardian Date

OTHER ADULT PICK UP AUTHORIZATION: I give permission for my son/daughter to be picked up from First Presbyterian Church of Santa Monica Vacation Bible School by the following persons:

Name _____ Home/Cell Phone _____ - _____ - _____

Name _____ Home/Cell Phone _____ - _____ - _____