



FIRST PRESBYTERIAN CHURCH
DR. DOUG NAGEL, PASTOR

VACATION BIBLE SCHOOL REGISTRATION FORM THE BIG JUNGLE ADVENTURE!

First Presbyterian
PO Box 581
Gloucester, VA 23061

June 20 - 24th
9am – Noon



_____ Child's Name _____ _____ Age DOB _____ Last grade completed _____ Allergies/ Special Needs	_____ Child's Name _____ _____ Age DOB _____ Last grade completed _____ Allergies/ Special Needs	_____ Child's Name _____ _____ Age DOB _____ Last grade completed _____ Allergies/ Special Needs	_____ Child's Name _____ _____ Age DOB _____ Last grade completed _____ Allergies/ Special Needs
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Parent/Guardian's Name(s) _____

Work Phone: _____

Address _____

Home Phone: _____

Cell Phone: _____

IN CASE OF EMERGENCY

Insurance Provider _____ Name of Policy Holder _____

Insurance Policy and/or Group Number _____

Emergency Contact Name: _____ Phone _____ relationship to child _____

Who may pick up your child(ren) from VBS each day?

I give permission for my child to be videotaped, photographed, and/or identified on paper or on the church's web site in order to help publicize activities going on within the church.

Parent/Guardian's Signature

Date

I would be willing to help with VBS, please contact me.