



VBS Registration Form

First Presbyterian Church of Tequesta
(please fill out one form per child)

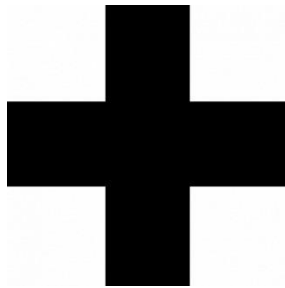
Mon, June 28 – Thurs, July 1 9:00am – Noon

Cost: \$40

Child's name _____
Child's gender _____ Child's age _____ Date of birth _____ Last
school grade completed _____ T-shirt size Child XS__ S__ M__ L__
Name of parents _____
Street address _____
City _____ State _____ ZIP _____
Home telephone (____) _____
Parent/caregiver's cellphone (____) _____
Home email address _____
Home church _____

Would you like to volunteer? Yes! _____ No, thanks _____

If you answered yes, how would you like to help? _____



Allergies or other medical conditions

Emergency contact

Phone _____ Relationship to child _____

People authorized to pick up your child _____

Insurance information

Company _____ Policy # _____

Group # _____ Name of policy holder _____

Photo release (please initial below)

____ Yes, I give permission for my child's photographic or video image to be used for promotional materials in print publications, website content, and social media.

____ No, I do not give my consent for the above.

This section is for church use only.

Date received _____ Paid Cash or check # _____ Confirmation _____

If you have questions or concerns, please contact our Family Ministries Director,
Crystal Botha @561-746-5161 ext 105 crystal@tequestapres.org