Knights Registration Form

2021Vacation Bible School - Centre Presbyterian Church

June 21-25th, 6-8:15pm 83 New Park Rd., New Park PA 17352

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | | | | | | |
| Parent/Family/Guardian Name: | | |  | | | | | |
| Address: |  | | | | | | | |
| City: |  | | | State: |  | Zip: | |  |
| E-Mail Address: |  | | | | | | | |
| Home Phone: |  | | | Cell Phone: |  | Work Phone: | |  |
| Student’s Date of Birth: |  | | | Age: |  | Last School  Grade Completed: | |  |
| Home Church (if any): |  | | | | | | | |
| Friends of your child at Centre: | | | |  | | | | |
| Special Needs/Allergies/Medical Information/Other: | | | |  | | | | |
| Emergency Contacts: | Name: | | |  | | Phone: | |  |
| Name: | | |  | | Phone: | |  |
| Name(s) of person(s) who may pick up this child from VBS: | | | | |  | | | |
| Photo Release: Centre Presbyterian Church/VBS has my permission to use my child’s photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. | | | | | | | | |
| Parent/Guardian’s signature: | |  | | | Date: | |  | |

For additional information contact Betsy at (717)487-8072 or email [betz721@gmail.com](mailto:betz721@gmail.com)

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Assigned to Knights Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are family members helping with Knights of North Castle? Yes No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_