Knights Registration form

202 | Vacation Bible School - Centre Prezbyterian Church

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

Student Name:			
Parent/Family/Guardian Nar	ne:		
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 Cent Special Needs/Allergies/Med Information/Other:			
Emergency Contacts: Na	ame:		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 o		(717)487-8072 or email <u>be</u> r church use only)	
Assigned to Knights Group:			
Are family members helping with Knights of North Castle? Yes No If yes, where?			