

Knox Presbyterian Church Vacation Bible Camp

Student Registration Form

Participant's Name: Parent/Guardian Name(s): Address:			
		Email Address:	
		Phone Numbers: HomeCell	Work
Child's Age Information: Date of birth	Last school grade completed		
Allergies/Medical Information/Other:			
Emergency Contacts:	Phone		
Dismissal Information: Name(s) of person(s) who are permitted to pick up this child from Knox			
display photos at our church or use them in slide may be sent to the local newspapers to inform the Leading with Care Policy, we require parental co	otos from a variety of church activities. Sometimes we shows to share with the congregation. Also, photos he community of our church events. As part of our onsent for photos to be used. Please complete and to be used for these purposes. No names will be upport.		
and used for the purposes outlined above.	to have his/her/their photos taken Date:		