Knights Registration Form

2021Vacation Bible School - Centre Presbyterian Church

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

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| 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

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

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

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