

2024 Vacation Bible School Registration Form



Child's Name _____

Phone Number _____
(To be used in case of emergencies)

Parents' Name(s) _____

Email Address _____

Mailing Address:

City _____ State _____ Zip _____

Grade Just Completed (or age in years) _____

Any Allergies We Should Be Aware Of? _____

Notice: During the course of the VBS, we will be taking candid picture and videos of the children engaged in the various activities. This sole purpose of these images is to be used in the creation of a slideshow/video segment after VBS to be shared with the families who participated in the VBS. This video will not be shared with or distributed to anyone else or any other entity nor will it be made available for public viewing. By completing this registration form you are agreeing to allow these images to be made and collected for the purpose mentioned above. If you have any questions concerning this policy, please contact the church office at (610)438-3495 or the pastor at pastor@fellowshipbaptist-pa.com.