

# VACATION BIBLE SCHOOL REGISTRATION FORM

(one per child – ages 4 years through 5<sup>th</sup> grade)

## July 11-15, 2022 9:00 am – 12 noon

### Park Lake Presbyterian Church

309 East Colonial Drive • Orlando, FL 32801

407-841-6550 • www.plpc.org



Child's Name: \_\_\_\_\_

Child Attends PLPC  
Child Care?: Yes

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in August: \_\_\_\_\_

Will child attend VBS Aftercare? Yes \_\_\_ No \_\_\_ If Yes, please complete separate VBS Aftercare Form.

Would you like more information about Park Lake Presbyterian Church?  Yes  No

How did you hear about us? Church member  friend of member  Child Care family

friend of Child Care family  website  sign  other: Z88 or \_\_\_\_\_

Name and phone number of person signing this child in/out from VBS each day: \_\_\_\_\_

Allergies or other medical conditions including food allergies: \_\_\_\_\_

In case of emergency, when the Parent/Guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*I hereby give authorization for my child to have their photo taken during the VBS events and also give my permission for the photos to be used in the Park Lake Presbyterian newsletter, website or other publications.*

Parent/Guardian signature: \_\_\_\_\_

**Register early: Space is limited! \$10 before July 5, \$15 after July 5.**  
**Cost \$15** Scholarships available. Contact [carolparklake@gmail.com](mailto:carolparklake@gmail.com) for info.  
**after July 5**

PLEASE RETURN THIS FORM AND REGISTRATION FEE  
TO THE CHURCH OFFICE

PAID \$ _____
Ck# _____
Cash <input type="checkbox"/>
<input type="checkbox"/> New
<input type="checkbox"/> Returning