

Registration Form~~~~Summer VBS Camp

Fallston Presbyterian Church

Family Name: \_\_\_\_\_ Family Email: \_\_\_\_\_

Parent First Names: \_\_\_\_\_ Children's Names and Ages: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

Night Camp (8/21-8/24 free) **Note: Parents stay with child(ren) all evening!**

Time: 5:30-8:00pm (Dinner is included)

Dietary Issues: \_\_\_\_\_

Allergies and Medical Issues: \_\_\_\_\_