

VACATION BIBLE SCHOOL
First Presbyterian Church of Bismarck
***FREE* Ages 4 and Up!**

August 2nd-4th, 2021
5:30-7:30 p.m.

Parent/Guardian Name (s): _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____ E-Mail: _____

I give permission to the child(ren) listed below to participate in Vacation Bible School at First Presbyterian Church of Bismarck. I also give First Presbyterian Church permission to publish pictures of my child in church publicity items and online.

Parent Signature: _____ Date: _____

Emergency Contacts (Name, Relationship to Child(ren), Phone Number):

1. _____

2. _____

Please register each child with you:

Child #1 Name: _____ Age: _____

Birthdate: _____ Grade in Fall 2021: _____

Allergies and/or Special Needs: _____

Child #2 Name: _____ Age: _____

Birthdate: _____ Grade in Fall 2021: _____

Allergies and/or Special Needs: _____

Child #3 Name: _____ Age: _____

Birthdate: _____ Grade in Fall 2021: _____

Allergies and/or Special Needs: _____

Dinner will be served at 5:30 p.m.

We appreciate any donations that can be made for the VBS program.