



VBS Registration Form - 2024

First Alliance Church

403 S. Progress Avenue, Harrisburg, PA 17109 - (717) 564-4091

Breaker Rock Beach

August 5-9, 9am-12pm - Kindergarten - 5th grade



Child's Name: _____ M / F Birthday: _____

Parent/Guardian: _____ Last School Grade Completed: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____ Church Affiliation: _____

Emergency Contact (Name & Phone #): _____

Dismissal Information:

Who may pickup your child at the end of VBS each day? _____

Information in case of emergency:

Medical Insurance Provider: _____ Policy Number: _____

Medical or other information we need to know (Please include any food allergies):

Medical Release: I understand that I will be notified in the case of a medical emergency involving my child, however, in the event that I cannot be reached, I authorize the calling of a doctor and provision of the necessary medical services in the event my child is injured or becomes ill. I understand that First Alliance Church will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent or guardian. Additionally, I do hereby waive, release and hold harmless First Alliance Church and its representatives for any illness or injury that may be suffered by my child in the normal course of participating in Vacation Bible School and I, the undersigned, being the parent or guardian of the child named herein, do hereby consent to the participation of my child in all of the scheduled activities of Vacation Bible School at First Alliance Church, in Harrisburg, PA.

Date: _____ Parent/Guardian Signature _____

(Medical Release)

Photo Release: I, the undersigned, being the parent or guardian of the child named herein, do hereby give consent for First Alliance Church to use on their website (www.firstalliancehbg.com) all photographs in which my child appear(s) while involved in Vacation Bible School. I understand that photographs will be used for the purpose of church publication, church presentations, or online postings and that content may also be published on their facebook page. Last names will never be published.

I hereby approve of the aforementioned photo release statement concerning my child.

I hereby do not authorize or grant consent for the photo release for my child

Date: _____ Parent/Guardian Signature _____

(Photo Release)