



# THE FIRST MORAVIAN CHURCH OF EASTON

## Registration Form for VBS 2024

CHILD/YOUTH NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE COMPLETED: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT'S/GUARDIAN NAME(S): \_\_\_\_\_

**CONTACT #'S:**

FATHER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**EMERGENCY CONTACT:** NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Contact #s HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### Parental Consent for Participation in VBS, June 20-21, 2024

*I have read the Child Protection Policy, and I give my consent for my child to participate in the church sponsored and planned activities of First Moravian Church of Easton.*

*This Consent shall remain effective unless a written change is given to any Pastor or adult youth leader of First Moravian Church of Easton.*

Authorized the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Parent/Guardian's Signature

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### Youth Activity Agreement:

*I agree that events and activities offered by First Moravian Church of Easton should be safe and affirming opportunities for youth as we grow up together. I will follow rules and guidelines so a wholesome environment will be maintained. If I fail to cooperate, my parents may be asked to come and remove me from that setting. If this happens, I will meet with a pastor and my parents prior to future participation in any children/youth event or activity.*

\_\_\_\_\_  
Child/Youth Signature

\_\_\_\_\_  
Date:

A copy of this form will be available to take on youth trips and extended outings.