



THE FIRST MORAVIAN CHURCH OF EASTON

Registration Form for VBS 2025

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 26-27, 2025

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

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.