



Venice Presbyterian Church

June 8 - 12

9 - 11:45am

Use this registration form for all children age 4 through entering 6th grade.

Child's name: _____

Child's age: _____ Date of birth: ____/____/____

Grade entering (school year '26-'27): _____

Name of parent(s): _____

Mailing address: _____

City, State, ZIP: _____

Parent email address: _____

Parent cellphone: (____) _____

Church affiliation: _____

MEDIA RELEASE:

By checking below, you are authorizing Venice Presbyterian Church to post photos or videos to social media pages and/or church website that may include the likeness of your child. No names will ever be posted.

Yes, I give my permission for VPC to post photos/videos which can contain my child's likeness.



Allergies, medical conditions or special needs: _____

Emergency Contact: _____

Phone Number: _____

Relationship to child: _____