



FIRST PRESBYTERIAN CHURCH OF METUCHEN
2017 GALACTIC BLAST

**Register Until
 June 20**

June 26-29/ 9-11:45 a.m. June 30/ 9-11 a.m.
 Ages: Entering K-6th Grade
 Cost: FPC Members \$25 per child, Max \$50 per family
 Non Members \$25 per youth

Send form with payment to FPC Office: 270 Woodbridge Ave. Metuchen, NJ 08840

Questions? Contact Nancy Leardi (732)491-2264 Email: nleardi@fpcweb.org

Parent(s)/Guardian(s) Name _____

Address _____ City, Zip _____

Home Phone _____ Email _____

Parent Cell _____ Parent Cell _____

Your Church: _____

Who will pick up your child? _____

Emergency Contact (**Name and Phone**) other than above _____

Child Name (First and Last)	Nickname	Gender	Birthdate (mm/dd/yy)	Grade in Fall
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WE ARE NOT PEANUT FREE

Medical conditions/****food allergies/special needs** we should know about:

I understand that my child(ren) **may be** photographed, videotaped and/or recorded as part of the Children's Ministries activities or classes and these photographs may be included in publications and website of the First Presbyterian Church.

_____ Yes, I do permit photographs to be used

 (Parent/Guardian Signature) (Date)

In the event that my child (listed above) becomes ill or sustains an injury on any authorized and chaperoned event from Vacation Bible School at First Presbyterian Church of Metuchen, I the undersigned give my permission to the church and or VBS staff to take whatever steps are necessary to stop any bleeding and to administer first aid.

In the event that I cannot be reached, I consent to emergency treatment for my child, which may include emergency care, hospital care and the administration of drugs or medicine to be rendered to my child upon the advice of a duly licensed physician and/or surgeon. I will not hold the church, its staff nor its volunteers liable in the event of injury or illness involving my child except in the case of gross negligence.

Medical Insurance Company _____ ID # _____

Signature _____

**** If there is a food allergy, please provide your child with a snack in their backpack each day**