



First Presbyterian Church of Metuchen

## 2018 Vacation Bible School

### CIRCLE G RANCH

June 25-29, Mon. to Thurs. 9 am -11:45 am/ Fri. 9 am-11 am



**Ages:** Entering K-6th Grade  
**Cost :** FPC Members \$25 per child,  
Maximum \$50 per family  
Non Members \$25 per child

Send form with payment to FPC Office: 270 Woodbridge Ave. Metuchen, NJ 08840  
Cheques payable to: *First Presbyterian Church*  
**Questions?** Contact Nancy Leardi at (732)491-2264 Email: nleardi@fpcweb.org

Parent(s)/ Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Cell 1: \_\_\_\_\_ Parent Cell 2: \_\_\_\_\_

Your Church: \_\_\_\_\_

Who will pick up your child? \_\_\_\_\_

Emergency Contact Other than Above (Name and Phone): \_\_\_\_\_

CHILDREN ( First and Last)	NICKNAME	GENDER	BIRTHDATE (mm/dd/yyyy)	GRADE (Fall 2018)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\*\*\*\* WE ARE NOT PEANUT FREE \*\*\*\*\***

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

\_\_\_\_\_

\_\_\_\_\_

### PHOTO AND VIDEO CONSENT

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 may be included in publications, website and other social media platforms of the First Presbyterian Church.

Yes, I do permit the use of photographs

\_\_\_\_\_  
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 # \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_ Signature \_\_\_\_\_

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