

2019 Vacation Bible School

BUG ZONE

June 24-28, 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

Register
Until
JUNE 19



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): _____

Table with 5 columns: CHILDREN (First and Last), NICKNAME, GENDER, BIRTHDATE (mm/dd/yyyy), GRADE (Fall 2019). Three rows for data entry.

***** 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.