

2021 VACATION BIBLE SCHOOL

REGISTER BY

JUNE 21



WORKSHOP OF WONDERS

JUNE 28-JUL 1, MON-THURS, 9 AM -11:45 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

PLEASE FILL IN ALL REQUESTED INFORMATION TO REGISTER YOUR CHILD.

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 2021). Includes four rows of blank lines for data entry.

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

NOTE: WE ARE NOT PEANUT FREE. If there's a food allergy, please provide your child's snack each day.

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

MEDICAL INSURANCE INFORMATION (Please complete properly, including Covid Release Form.)

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 case of gross negligence.

Medical Insurance Company _____ ID # _____

Primary Insured Name: _____ Signature _____

Please fill out the Covid Release Form at the back. Thank you.

COVID RELEASE FORM:

The safety and health of campers and volunteers is always the highest priority.

Completing and signing this form acknowledges that you have read, understood and agreed to the questions we are required to ask each day as you drop off your child.

Do you or do any of the children/yourself you are dropping off have a fever, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only)?

YES NO

Have you or any of the children/yourself you are dropping off:

- Been in contact with anyone with fever, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only) since the last time you were here?

YES NO

- Potentially been exposed to Covid-19 or have reason to believe you/they have Covid-19?

YES NO

Considering campers who are minors and the parents will not be present, we are asking you as parents to ask these questions daily, as well as campers who are 18 or older to please monitor yourselves. It is your obligation to not bring your child/yourself if the answer is not "no" to all of the questions. It is also your obligation to notify Nancy Leardi if the answer to the questions ever changes to "yes." For documentation purposes, we need you to complete this form acknowledging you agree to this responsibility prior to your child/yourself attending VBS 2021.

SIGNED BY:

Parent's signature

Parent's Name