

The First Presbyterian Church of Iselin

1295 Oak Tree Road, Iselin, NJ 08830

tel: 732-283-1188 www.iselinpresbyterian.com



VACATION BIBLE SCHOOL REGISTRATION

July 31, 2017 – August 4, 2017 from 8:45 a.m. to 12:00 p.m.

Please fill out a registration form for each student. A registration fee of \$10 per student is requested.

Last Name _____ First Name _____

Age _____ Date of Birth: Month _____ Day _____ Year _____ Gender: Male ___ Female ___

Child's Grade (Fall 2017) _____

Child's Street Address _____

City/State _____ Zip _____

Parent's/Guardian's Name _____ e-mail Address _____

Parent's/Guardian's Phone () _____ Cell Phone() _____

Parent's/Guardian's Email: _____

Persons to be contacted in case of emergency:

1. Name _____ Phone () _____ Relationship to Child _____

2. Name _____ Phone () _____ Relationship to Child _____

Does your child have any medical conditions(s) that we should be aware of (allergies, medications, etc.)? If so, please explain _____

Siblings who will also be attending VBS _____

The undersigned gives permission for his or her child to participate in the above-named program and releases First Presbyterian Church of Iselin, its officers, employees and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his/her family in attendance, and the undersigned agrees to defend and indemnify the First Presbyterian Church of Iselin, its officers, employees, and agents from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of the children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed _____ Date _____

Insurance Company _____ Policy No _____

By signing this registration form you agree that any photographs taken of your child at or during this event are the property of the First Presbyterian Church of Iselin and may be used in future publication as deemed appropriate. If you DO NOT want you or your child to appear in any photographs, please specify below:

I DO NOT want my child to appear on any photographs.

For Office Only			
Date	Check No.	Amount	Cash