

# The First Presbyterian Church of Iselin

1295 Oak Tree Road, Iselin, NJ 08830

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

**"Incredible Me!"**



## VACATION BIBLE SCHOOL REGISTRATION

**July 30, 2018 – August 3, 2018** 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 2018) \_\_\_\_\_

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.*

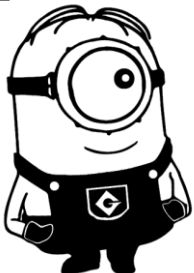
Signed \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No \_\_\_\_\_

By signing this registration form you agree that any photographs and/or videos 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 publications 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 or me to appear in any photographs and/or videos.

**BANANA ...!**



For Office Only			
Date	Check No.	Amount	Cash

