

Frenchtown Presbyterian Church
 PO Box 114
 Frenchtown, NJ 08825
 www.frenchtownpres.org ~ 908-996-2227



FOR OFFICE USE ONLY:	
Paid \$ _____	
Check # _____	

July 20 thru July 24, 2015 VACATION BIBLE SCHOOL 9:00 a.m. - 11:30 a.m.

Hosted by the Alexandria, Frenchtown & Milford Presbyterian Churches
 Register by 7/1/15: \$10 per child, \$30 maximum per family. After 7/1/15: \$15 per child.

REGISTRATION

PART I: PARENT/GUARDIAN INFORMATION

Parents' Name:	Email Address:
Phone (home): (cell):	Street Address:
Member of _____ Church	City, State, Zip Code:

PART II: EMERGENCY CONTACT INFORMATION

Name:	Relation:	Phone:
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PART III: STUDENT(S) classes offered for children entering Preschool through 5th grade in September 2015

Name	Date of Birth	Grade (Sept 2015)	Allergies or other medical conditions

PART IV: PHOTO RELEASE

I grant permission to Frenchtown Presbyterian Church and its Vacation Bible School staff or local media personnel to take photographs or videos of my child(ren) the week of July 20, 2015. I acknowledge that these photos and videos may appear in, but are not limited to, the church's newsletter, church website, church publications, and/or the local newspaper(s) and media.

PART V: DISCLAIMER AND LIABILITY

I hereby release, waive, and discharge Frenchtown Presbyterian Church and its officers, employees, agents, and volunteers from all liability, loss, claims, demands, and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage, or injury to me, my child(ren), or my child(ren)'s property connected with my child(ren)'s attendance at VBS.

PART VI: CONSENT TO MEDICAL TREATMENT

In the event my child(ren) become ill or injured, I give my permission for a representative of Frenchtown Presbyterian Church to take whatever steps are reasonably necessary to render emergency first aid.

 (Parent) Signature Date

*I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE,
 I AM LEGALLY AUTHORIZED TO SIGN ON BEHALF OF THE STUDENT(S),
 AND CONSENT TO PARTS I-VI OF THIS REGISTRATION.*

Please return this form with payment of \$10 per child to the Frenchtown Presbyterian Church, PO Box 114, Frenchtown, NJ, 08825. Checks should also be made out to the Frenchtown Presbyterian Church.