



FIRST PRESBYTERIAN CHURCH OF METUCHEN

2024 Vacation Bible School

Galactic Blast

Register by:

JUNE 17

June 24- June 28, Mon–Thurs 9:00-11:45, Fri 9:00-10:30 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

Checks 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): _____

CHILDREN (First and Last)	NICKNAME	GENDER	BIRTHDATE (mm/dd/yyyy)	GRADE (Fall 2024)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____ Group ID# _____