



FIRST PRESBYTERIAN CHURCH

64 Passaic Street, Hackensack, New Jersey
201-342-7570

Vacation Bible School Registration August 19th – 23rd, 2019; 8:45 am – Noon

I would like to register my child(ren):

NAME	AGE	GRADE (Completed)	BIRTH DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Name & Contact Email:

Address

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Any illness, allergy, or medical concerns:

I would like to help by teaching ____ crafts ____ helping ____ (Please let us know by July 31)

MEDICAL RELEASE: In case of medical emergency, I understand every reasonable effort will be made to contact me. If I cannot be reached, I hereby give my permission to the leaders of Vacation Bible School to secure proper treatment for my child. As parent or legal guardian, I hereby release the First Presbyterian Church of Hackensack and the Presbytery of the Palisades, their agents or employees from any legal liability arising out of my child's participation.

PHOTO RELEASE: I hereby give permission for images of me and/or my minors captured during regular and special church activities, through video, photo, and/or digital cameras, to be used solely for purposes of the **First Presbyterian Church of Hackensack** promotional materials, website, newsletters, and any other publications and waive any rights for compensation or ownership thereto.

Parent/Guardian Signature _____

____ I need a scholarship for my youth

____ Here's my regular registration fee of \$20.00 per child

____ I can help with a scholarship for someone else as well, I'm enclosing _____

Please make checks payable to "First Presbyterian Church", with VBS in notation.