Alexandria First Presbyterian Church
141 Little York-Mount Pleasant Road
Milford, NJ 08848
www.alexpres.org ~ 908-996-4333

FOR OFFICE USE ONLY:
Paid $ _____
Check #_____

July 31 thru August 4, 2017 **VACATION BIBLE SCHOOL** **9:00 a.m. - 11:30 a.m.**

Hosted by the Alexandria, Frenchtown & Milford Presbyterian Churches
Register by 7/15/17: $10 per child, $30 maximum per family.

R E G I S T R A T I O N

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:**

PART III: STUDENT(S) classes offered for children entering Preschool through 5th grade in September 2018

Name	Date of Birth	Circle T-shirt Size	Grade (Sept 2018)	Allergies or other medical conditions
		(child) S / M / L		
		(child) S / M / L		
		(child) S / M / L		

PART IV: PHOTO RELEASE
I grant permission to Alexandria First 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 31, 2017. 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 Alexandria First 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 Alexandria First 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 1-VI OF THIS REGISTRATION.
RETURN THIS FORM WITH PAYMENT OF $10 PER CHILD TO THE ADDRESS LISTED ABOVE