



New Dorp Moravian Church

Richmond and Todt Hill Roads
2205 Richmond Road Staten Island, NY 10306-2557
Telephone: (718) 351-0090

VACATION BIBLE SCHOOL

JULY 19 - 23, 2010

For Children ages 4 through finishing 6th Grade

REGISTRATION FORM

New Dorp Moravian Church is sponsoring Vacation Bible School at the Church from July 19-23, 2010. **Please register early. We can accept no more than 80 children.** The program will run each day from 9:30 a.m. to 12:30 p.m. with a closing program for the whole family at 12 Noon on Friday. We are asking each child to bring one box of cookies for our snack time. Beverages will be provided. **The cost per child is \$35.00 (3 or more children: \$70.00 per family).**

Registration Directions: Please return this completed registration form, along with payment to the Church office (in person or by mail). Please use one form for each child registering and be sure to complete the Permission and Medical Information sections. Thanks!

CHILD'S NAME:		PHONE:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PARENT/GUARDIAN NAME:			
THE FOLLOWING PERSON(S) ARE PERMITTED TO PICK UP THIS CHILD:			
NAME 1:		NAME 2:	
GRADE COMPLETED:	BIRTHDAY: / /	AGE:	SEX:
HOME CHURCH (if any):		DENOMINATION:	

PERMISSION AND EMERGENCY AUTHORIZATION

THE ABOVE NAMED CHILD HAS MY PERMISSION TO ATTEND VACATION BIBLE SCHOOL AT NEW DORP MORAVIAN CHURCH, STATEN ISLAND, NY DURING JULY 19-23, 2010 FROM 9:30 AM TO 12:30 PM INCLUDING SPECIAL EVENTS ON CHURCH PROPERTY. IN THE EVENT OF AN EMERGENCY AND I CANNOT BE REACHED, I GIVE PERMISSION FOR THE STAFF OF THIS PROGRAM TO ORDER X-RAYS, ROUTINE TESTS AND TREATMENT FOR MY CHILD AND FOR A QUALIFIED PHYSICIAN TO HOSPITALIZE, SECURE PROPER TREATMENT AND TO ORDER INJECTION, ANESTHESIA AND/OR SURGERY FOR MY CHILD.

PARENT/GUARDIAN SIGNATURE:	PRINT NAME:	DATE:
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(Please turn over - Medical information form on other side)

MEDICAL INFORMATION (PLEASE PRINT)		
CHILD'S NAME:	BIRTH DATE:	SEX:
PARENT OR LEGAL GUARDIAN:		
HOME ADDRESS:	PHONE:	
BUSINESS/WORK ADDRESS:	PHONE:	
2 ND PARENT OR LEGAL GUARDIAN:		
HOME ADDRESS:	PHONE:	
BUSINESS/WORK ADDRESS:	PHONE:	
<u>IF BOTH OF THE ABOVE TWO PARENTS/GUARDIANS ARE NOT AVAILABLE,</u>		
NAME:	PHONE:	

CHILD'S DOCTOR:	PHONE:		
CHILD'S DENTIST:	PHONE:		
MEDICAL/ACCIDENT INSURANCE CARRIER:			
POLICY #:	GROUP #:		
NOTE ANY SPECIFIC ACTIVITIES TO BE LIMITED:			
SPECIFY ANY DIETARY CONCERNS OR LIMITATIONS:			
<u>NOTE ALL ALLERGIES THIS CHILD HAS:</u>			
BEE STINGS	ASPIRINS	PENICILLIN	ANIMALS
PEANUTS	OTHER:		

New Dorp Moravian Church
Photographic Release Form

I hereby consent to and authorize the use and reproduction, by the New Dorp Moravian Church, of any and all photographs that may be taken of me and/or my children during the Vacation Bible School program, July 19-23, 2010. I acknowledge that I am granting the Church permission to use any or all of these photographs in its print (including newspaper press release and/or electronic publications (website), without compensation to me.

Parents Signature

Date