



Registration for Vacation Bible Camp
July 12th - 16th, 2008
9:00 AM to 12:00 Noon
Members - May 2, 2010
Non-members - Monday, May 17

First Presbyterian Church of Dutch Neck
154 South Mill Road Princeton Junction, NJ 08550
799-0712
Web Site: <http://www:dutchneckpresbyterian.com>

Please Fill Out One Form per Child

Child's Name _____

Date of Birth _____ School Grade September, 2010 _____

Parent/Guardian Names: _____

Address _____

Home Phone Number: _____ Email Address: _____

Parent/Guardian's Cell Phone Numbers: _____

Emergency Phone (other than numbers already listed) _____

Emergency Contact Name _____

Home Church _____

List of names of persons who may pickup camper from VBC each day:

Medical Release:

Please list any allergies your child may have to food, medications, etc:

Health Problems/Special Needs/Restrictions:

(Please indicate below if your child has any special needs of which the VBC staff should be aware.)

Names and grades of siblings also attending VBC:

_____	_____
_____	_____
_____	_____

(name) (grade in Sept. 2010)

In case of medical emergency, the Vacation Bible Camp personnel are authorized to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. In event of an emergency, personnel will make every attempt possible to contact the undersigned parent or guardian. I release the church and its agents from responsibility in the case of accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian _____ Date _____

The cost for the week is \$10.00 per child, with a cap of \$25.00 per family. Because cost should not discourage anyone from attending First Presbyterian Church of Dutch Neck's programs, scholarships are available through Rev. Paul Rhebergen. He can be reached at (609) 799-0712.

Please Circle T-Shirt Size:

Child	S	M	L	XL
Adult	S	M	L	

Please Check Area/s you would be interested in volunteering for:

_____ Classroom assistant
Days of the Week Available M T W Th F
Age Group of interest _____

_____ Willing to Bake

For Office Use Only
Amount Paid \$ _____
Cash/Check _____
Date: _____