



2018 Vacation Bible School at Resurrection Parish

651 Millbrook Avenue, Randolph, NJ 07869

August 6-10, 2018

9:00am – 12:30pm

Children Entering Kindergarten thru Grade 5 **(as of September 2018)**

(One form per child please.)

All sections of this 2- page form must be signed and completed to be accepted at VBS.

Child's Name _____ (circle one) Male Female

Home Address _____

Mother's Name _____ Mother's Cell # _____ Mother's Home # _____

Father's Name _____ Father's Cell # _____ Father's Home # _____

Child's Grade in **SEPT 2018** _____ Parish Belong To: (Circle One) Resurrection St. Matthew
Other (specify) _____

Primary Email Address: _____

Emergency Contact Name _____
(Please provide local contact and number to best reached during 9:00am - 12:30 pm)

Relationship _____ Phone/Cell# _____



EMERGENCY MEDICAL CONSENT FORM

I, _____, parent of _____ request Resurrection Parish, 651 Millbrook Avenue, Randolph, New Jersey 07869, to accept my child into its Vacation Bible School. I do hereby give permission to the personnel (parish staff and volunteers) of Resurrection Parish to administer, secure and/or authorize such emergency medical care and/or treatment, including, but not limited to, the use of an Epi pen, as my child may require while under the supervision of said parish personnel. I also agree to pay all costs and fees related to said emergency medical care. I release, hold harmless and discharge Resurrection Parish, its officers, employees and personnel from any and all liability, claims, losses, damages, costs and/or expenses resulting from said emergency medical care, including, but not limited to, the use of an Epi pen.

Parent/Guardian Signature

Date

Does your child have allergies? Yes _____ No _____

If yes, please provide details. _____

Does your child require medication? Yes _____ No _____

If yes, please provide details. (i.e. Epi pen, etc.) _____

Website Photo/Video Waiver

I, _____ (Print Name of Parent /Guardian) give my permission for the posting of photos or video on the Resurrection Parish Website that may contain my son/daughter. Photos/Video may include a caption describing the activity. Photos or video will not contain the last name, home address, or telephone number for any child involved. This permission will be in effect until I request a change in writing.

****Please Note: We will honor your request to decline consent but please consider there will be large group photos taken throughout the week and your child may feel left out if unable to participate.***

Parent/Guardian Signature _____ Date _____

Registration deadline for VBS Campers – July 1, 2018

We fill up quickly so get your forms in right away and remember first come, first serve!

Forms can be mailed or dropped in the VBS box in the lobby at Resurrection Parish.

There is no fee for VBS but we do rely on free-will offerings to help sustain our program.

Questions? Please contact Lorraine Scandariato at Lscandariato@resurrectionparishnj.org or 973-895-4224 ext. 104.