



New Dorp Moravian Church

2205 Richmond Road, (Richmond & Todt Hill Roads), SI, NY 10306

Telephone: (718) 351-0090 / Email: Office@NewDorpMoravian.org

Visit our website: www.newdorpMoravian.org

“TO MARS AND BEYOND”

Monday, JULY 15 through Friday, JULY 19, 2019

For Children ages 4 through finishing 6th Grade

REGISTRATION FORM

New Dorp Moravian Church is sponsoring Vacation Bible School at the Church from Monday, July 15 through Friday, July 19, 2019. **Please register early. We can accept no more than 60 children.** The program will run each day from 9:30am to 12:30pm with a closing program for the whole family at 11:30am on Friday, followed by a Pot Luck Luncheon. We are asking each child to bring one box of cookies for the week for our snack time (please remember, no cookies with peanuts or peanut butter). Beverages will be provided. **The cost per child is \$50.00 (3 or more children: \$100.00 per family). Payment can be made by cash, or a check made out to “New Dorp Moravian Church”. Credit cards are not accepted.**

Registration Directions: Please return this completed registration form, along with payment to the Church office (in person or by mail). If mailing, please call the Church Office to let us know. Please use one form for each child registering and be sure to complete the Permission and Medical Information sections. Thank you!

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 15-19, 2019 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:
----------------------------	-------------	-------

(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:	
If both of the above two parents/guardians are not available, who should be contacted in case of an emergency:		
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:			
NOTE ALL ALLERGIES THIS CHILD HAS:			
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 15 through July 19, 2019. 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