



Holy
Trinity
Church

Vacation Bible School

Registration, Summer 2019 (Due 07/24)
20 Cumming Street, New York, New York 10034
Tel. (212) 567-1177

Child *(fill out one form per child)*

Name _____ Nickname _____

Gender M / F Age _____ Grade Completed (as of June 2019) _____ Birthday _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____ Cell Phone _____

Parents

Home Phone _____ Email Address _____

Guardian 1: Cell Phone _____ Work Phone _____

Guardian 2: Cell Phone _____ Work Phone _____

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Other Phone _____

Other Siblings in VBS

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Health Information

Allergies _____

Found In _____

Symptoms that an allergic reaction is occurring in your child: _____

Does this allergy require an EpiPen? (circle) Yes / No If Yes, we need one provided for us to keep here labeled for the child.

What should we do to help child in the case of a reaction? _____

Other Medical Concern(s) _____

Physician Name _____ Phone Number _____

Church Affiliation

Do you have a church you regularly attend? (circle) Yes / No If yes, which church? _____

I attest that the above information is accurate to the best of my knowledge.

Signature

Date

Print Name

Relationship to Child

Drop off/Pickup

Do you need early drop off (8:15 a.m.)? (circle) Yes/No If yes, which days? _____

Do you need late pickup (4:00–6:00 p.m.)? (circle) Yes/No If yes, which days? _____

If you would like to allow your child to be dismissed unaccompanied, please fill out below:

I hereby give my child, _____, permission to be dismissed from program time unaccompanied by an adult. I agree to not hold Holy Trinity Church Inwood liable for any incident occurring with my child after he/she leaves the premises.

Signature

Date

Print Name

Relationship to Child

Photo/Video Permission

My signature below indicates that I herby consent that any and all images and representations of the participant by any media, including photography, audiovisual recordings or other means (“Images”), whether in existence today or created hereafter, may be used by Holy Trinity Church Inwood for any purpose that the church deems appropriate, including, but not limited to, educational and training purposes, commercial or non-commercial purposes, in reports, publications and educational materials or for publicity (including by means of the Internet, in print or otherwise). I understand that the Images may include the Student’s name, likeness, image or voice (all of which may be altered or modified), may be disseminated to the public, and may be copied or otherwise reproduced. I hereby release the church from any liability that may arise from using the images in any manner. I also release the church from any liability that may arise from dissemination of such images and the use of the images by the public.

Signature

Date

Print Name

Relationship to Child

Field Trip Permission

During the session we will have one (1) supervised trip off premises. Please sign below to indicate permission for your child to travel by walking and/or public transportation, cab or livery service, or private car for these field trips.

Signature

Date

Print Name

Relationship to Child

Tuition

- 1st Child: Session \$95 Late Pickup _____ days X _____ hours at \$5=\$ _____
- 2nd Child: Session \$95 Late Pickup _____ days X _____ hours at \$5=\$ _____
- 3rd Child: Session \$95 Late Pickup _____ days X _____ hours at \$5=\$ _____

Total Tuition (for entire family) \$ _____ (10% discount will be applied for two or more registrations)

Payment (For Office Use Only)

Payment received Date received _____ Check number (if applicable) _____

Payment received by (initials) _____