



Flemington Presbyterian Church

Vacation Bible School 2024

July 8 - 12, 2024

Monday - Friday: 9am - 12:15pm

Ages 4-11 (those entering pre - K: 4 years -
those entering 6th grade in Sept.)

Additional forms can be found on the church website:

www.flemingtonpres.org

Student's Name: _____ Birth Date: _____
(one child per form, please)

Address: _____

Parent/Guardian Name(s): _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Email: _____

Emergency Contact (other than parent):

Name: _____ Phone: _____

Church attended during the school year: _____

School and grade entering in September: _____

Please list any health or dietary conditions we should know about: _____

(Water and daily snacks will be provided.)

\$40 per child

\$100 - Family rate (3+ children)

\$20 per child if parent/guardian volunteers during VBS week.

(Please mail forms and payments to the address below.)

Price INCLUDES a t-shirt. Please indicate size below.

Youth: XS S M L XL

Adult: S M L XL

Would you be willing to help with VBS? YES NO

Flemington Presbyterian Church - 10 East Main Street, Flemington, NJ 08822 - (908) 782-3227

For further information, please contact- Mary Jernigan: christianed@flemingtonpres.org

For office use: Amt. paid _____ Check _____ Cash _____ Date _____ Siblings/Grades _____

MEDIA RELEASE: (please choose)

Flemington Presbyterian Church may take photos and videos to record, promote, and celebrate our church ministries. Uses may include, but are not limited to, bulletin boards, presentations, print and electronic publications, and our website and social media. Except in special circumstances where additional parent/guardian permission is received, we do not identify minors by name. Please choose whether you consent to or opt out of this policy by initialing the appropriate space below.

I do give consent _____

I do NOT give consent _____

EMERGENCY MEDICAL TREATMENT

This permission is to be used in emergencies when a parent cannot be reached only to give permission for emergency/urgent medical care.

I hereby grant permission for the performance of such medical treatment as is deemed necessary for my child.

Signature of Father _____ Date _____

AND

Signature of Mother _____ Date _____

OR

Signature of Guardian _____ Date _____