

**FOLLOWERS OF JESUS MENNONITE CHURCH
VACATION BIBLE SCHOOL
REGISTRATION FORM**

July 8-12, 2018 (Sunday to Thursday) 6:30-8:30 pm

3065 Atlantic Ave, Brooklyn, NY 11208

Contact: Sharon 917.789.4499

Name(s): _____ Age(s): _____

Parent/Guardian's Name: _____

Address: _____ Apt./Fl. _____

City: _____ State: _____ Zip Code: _____

Phone No. (____) _____ - _____ Email: _____

Please indicate whether or not you would like to have your child picked up (if they live within 10 blocks of FJMC). They will not be dropped off.

Yes, please pick my child up around 6 pm from our home. I will pick them up at 8:30 pm.

No thanks, I will drop off my child at 6:30 pm and pick up my child at 8:30 pm.

Please list any allergies, medication, activity restrictions or other medical conditions that we should be aware of: _____

Please give detailed instructions about what to do should any of your child's medical problems occur: _____

In case of emergency, notify:

Name: _____ Relation: _____

Phone No.: (____) _____ - _____

Family Physician: _____ Phone No. (____) _____ - _____

Covenant and Release:

In consideration of permission granted herein named individuals to participate in Vacation Bible School, we hereby release and covenant with Followers of Jesus Mennonite Church that we will never, individually or as legal guardians of said individuals, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of, VBS and other related activities sponsored by Followers of Jesus Mennonite Church, its successors and legal representatives. I hereby authorize any photograph taken of my child at FJMC to be used in advertising by such entity (FJMC). If you do not authorize permission for photos, please check the box.

Signatures: Parent/Guardian: _____

Parent/Guardian: _____

Child: _____

Child: _____