

# Vacation Bible School

## Titusville Presbyterian

[www.Titusvillechurch.org](http://www.Titusvillechurch.org)

**Date:** June 24 to June 28, 2024  
**Time:** 10:00 am to Noon  
**Ages:** All ages welcome!\***Registration:** \$15 suggested donation  
\$5 each additional child  
(\$30 maximum Family)



REGISTRATION DEADLINE: June 19

\*Under age 3 must be accompanied by an adult.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parents'/guardians' names: \_\_\_\_\_

Parents'/guardians' phone contacts:

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you be interested in assisting with snacks, lessons, crafts, music, or donating drinks or snacks?  
(Please, no donations with nuts)

Yes-→Dates you are available \_\_\_\_\_ No \_\_\_\_\_

**Return form with payment to :**

**Titusville Presbyterian Church, 48 River Drive, Titusville, NJ 08560**

**Questions? Call 609-737-1385**

**Would you be interested in (please check):**

\_\_\_ receiving mailings from the Titusville Presbyterian Church, and/or

\_\_\_ learning more about attending or becoming a member of the Titusville Church?

Would you grant permission for Titusville Presbyterian Church to use VBS photographs, videos, slide shows, in Titusville Presbyterian Church promotional materials? Captions will not include children's names. Yes \_\_\_ No \_\_\_

# Medical Release Form

Name of Youth Participant		Phone Number	
<input type="text"/>		<input type="text"/>	
Address		Birth Date	
<input type="text"/>		<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact		Phone Number	
<input type="text"/>		<input type="text"/>	
Family Doctor's Name		Phone Number	
<input type="text"/>		<input type="text"/>	
Insurance Company		Policy Number	
<input type="text"/>		<input type="text"/>	

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

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I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Titusville Presbyterian Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

_____	_____/_____/_____
(Signature of Parent or Legal Guardian)	(Date)

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## Waiver of Liability Statement

I, the parent or legal guardian of the child listed above release Titusville Presbyterian Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in Vacation Bible School.

_____	_____/_____/_____
(Signature of Parent or Legal Guardian)	(Date)