



Vacation Bible School

Registration Form

July 22—July 26, 2019

* 9:00am – 12:30pm *

Great Kills Moravian Church

62 Hillside Terrace, SI, NY 10308

(718) 317-7788

www.greatkillsmoravian.org

Elementary School Aged Children

For children **Entering Kindergarten** through those **Entering Grade 6 in September**.

Name of Child: _____

Birthdate: _____ Age: _____ Grade entering Fall 2019: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Parent or Responsible Adult: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Parents' Church/Religious Affiliation: _____

Alternate Contact: _____

Alternate's Telephone #'s: _____

Medical Alerts: _____

Allergies: _____

Other information we should know: _____

Cost per child: \$35.00 (Maximum \$80 per family). Amount of payment enclosed \$ _____

If payment is not received prior to start of camp spot will be forfeited

Parent or Guardian's Signature: _____ Date: _____

Parent or Guardian's Name (Print): _____

Mail Registration form, with payment (checks payable to Great Kills Moravian Church) to:

Great Kills Moravian Church, 62 Hillside Terrace, Staten Island, NY 10308

Photograph Release: We sometimes use photos of children in our church literature and displays, as well as on our website. Your child will not be identified by name on the website. Your signature will indicate your permission to take and use photos of your child attending our VBS program. (If you do NOT wish us to take your child's photo, leave it blank).



I give my permission for photos: _____
(Parent/Guardian Signature)

REGISTRATION DEADLINE IS July 16, 2019

Enroll Early — Class sizes will be limited