



Church of the Incarnation "Rainforest Adventure"
Vacation Bible School Registration
Monday, August 11 – Friday, August 15, 2008
9:15 am – 12:15 pm

NAME OF CHILD: _____

NICKNAME: _____ BIRTHDATE: _____ AGE: _____

GRADE LEVEL IN FALL: _____ SCHOOL ATTENDED 2008-2009: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CHURCH AFFILIATION (IF ANY): _____

NAME OF PERSONS WHO MIGHT PICK-UP/DROP-OFF CHILD (we will not release
your child to anyone not on this list without your permission): _____

EMERGENCY CONTACT: _____

RELATION TO CHILD: _____ PHONE: _____

CHILD'S SPECIAL INTERESTS/ACTIVITIES: _____

ANY ALLERGIES? (please list) _____

ADDITIONAL COMMENTS: _____

PLEASE MAIL THIS FORM, OR DROP IT BY:

Church of the Incarnation
209 Madison Avenue
New York, NY 10016

PLEASE BRING CASH OR CHECK, \$50/CHILD (MAXIMUM \$100/FAMILY), ON THE
FIRST DAY. THANK YOU.

Parent/Guardian signature _____

Questions? Contact the Rev. Amanda Kucik Rinas at 212-689-6350 or amanda@churchoftheincarnation.org

EMERGENCY MEDICAL AUTHORIZATION FORM

***This form must be notarized.**

I, _____,
name
parent/ guardian of _____,
name of child
born on _____, do hereby give my consent to the Rev. Amanda Kucik Rinas
child's date of birth
to secure and authorize such emergency medical treatment as the above-named child might require while under the supervision of the Church of the Incarnation Vacation Bible School. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. NOTE: Every effort will be made to notify me, the parent/ guardian, etc. in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____

Address: _____ Phone: _____

If the parent/ guardian is unavailable, other relatives or persons to contact in emergency:

Name: _____ Address: _____

Phone: _____ Relation to child: _____

Signature of parent/guardian : _____ Date: _____

Notary Signature: _____ Date: _____

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