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## Vacation Bible School REGISTRATION 2014

VBS: July 7-11 [9:30 a.m. to 12:30 p.m.]  
MIDDLE ISLAND PRESBYTERIAN CHURCH  
19 Longwood Road, Ridge, NY, 11961  
(631-924-6443) MIPOFFICE@mipchurch.org

Please mail completed form with registration fee  
(CHECKS ONLY - NO CASH) to the address above. You  
will receive an e-mail confirmation, so please PRINT.

- ▶ **MAKE CHECK PAYABLE TO: MIPC (Middle Island Presbyterian Church)**
- ▶ **REGISTRATION FEE: \$35.00 For 1<sup>st</sup> Child, \$20.00 For Each Add'l Sibling**

CHILD's Name: \_\_\_\_\_ [ ] male [ ] female  
Preferred Nickname?: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DATE of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of SEPT '14: \_\_\_\_\_

- ▶ **GRADE ENTERING** as of SEPTEMBER '14: (check one)  
Kindergarten [ ] 1<sup>st</sup> [ ] 2<sup>nd</sup> [ ] 3<sup>rd</sup> [ ] 4<sup>th</sup> [ ] 5<sup>th</sup> [ ]

If possible, please put me in the same group as \_\_\_\_\_  
(Friend **MUST** be in the **SAME** grade)

Parent/Guardian's Daytime Phone Number: \_\_\_\_\_

Alternate (work or cell) Number for Parent/Guardian: \_\_\_\_\_

Name & Phone # of Neighbor \_\_\_\_\_ Home Church (if any): \_\_\_\_\_  
(In case parents cannot be reached)

Allergies or other medical conditions: \_\_\_\_\_

PERSON OTHER THAN PARENT TO WHOM CHILD CAN BE RELEASED name, phone & address:  
\_\_\_\_\_

- ▶ **CANCELLATION POLICY: NO REFUNDS WILL BE ISSUED AFTER FRIDAY, MAY 30, 2014**

X \_\_\_\_\_  
Parent Signature Required (I have read & understand the cancellation/refund policy)

Office Use Only:  
Amount Paid - Cash: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check Amt. \_\_\_\_\_

Other Children Included in payment \_\_\_\_\_

(\*Fee for Children of Approved Parent Volunteers: \$20 first child & \$15 each additional sibling)