

Kid'z Plug'd In event Registration Form

Return Form to 2725 N. Delsea Drive, Vineland NJ 08360

or email to lsatterfield@havenofvineland.com

Fax to 856-696-0974

Age 3—Kindergarten

Completed 1st grade-4th grade

Completed 5th grade-6th grade

Child's Name _____ **CREW #** _____

Child's Age: _____ Date of Birth: _____ Last School Grade Completed: _____

Name of Parent / Guardian : _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ home / cell / other _____

Email Address: _____

Home Church: _____

Allergies or Other Medical Conditions : _____

In case of emergency contact: _____

Phone: _____ Relation to Child: _____

Photo Release

The Haven of Vineland, Inc., Ramoth Church, The Event Center, Hebron Sports & Fitness Inc., and Golan Learning Center Inc., includes photos of activities, events, and their participants on its website and other forms of communication or publications. Though the names of clergy, staff and adult participants may regularly be used, it is our policy that the names of children will not. Of course, no addresses and/or telephone numbers will ever be used.

Child's Name _____

_____ We/I hereby give permission for The Haven of Vineland, Inc., Ramoth Church, The Event Center, Hebron Sports & Fitness Inc., and Golan Learning Center Inc., to use photos on their website and other forms of communication and publications.

_____ We/I hereby do not give permission for Ramoth Church, The Event Center, Hebron Sports & Fitness Inc., and Golan Learning Center Inc., to use photos on their website and other forms of communication and publications.

Parent's Signature _____ Dated: _____