

Vacation Bible School & Presby Camp ❖ June 30 – July 3, 2025  
Nassau Presbyterian Church, 61 Nassau Street, Princeton, NJ 08542



**Vacation Bible School** is for children age 3 through those entering grade 6 in the fall. It runs from 9:00AM until 12:00PM, Monday – Thursday, June 30 – July 3, 2025.

**Splash Camp** will be the afternoon offering for rising grade 6 and up.

**Preschoolers** will enjoy a combination of learning activities and play in their classroom, on the playground and in the marketplace.

**Older Children** will begin each day with the *Opening Celebration* to be oriented to the Bible story of the day. They will then continue their journey with their Tribe Leaders:

- *Tribe Time*
- *Stories for the Road*
- *The Marketplace*
- *Fun & Games*
- *Closing Celebration* wraps up each day for all VBS campers. Parents are welcome to join us on Thursday, July 3, 11:30AM – 12:00PM.

**To Register** Please complete the registration form attached with full payment and return to the church office. Please complete one form per camper; payments may be combined. Downloadable forms are also available on the church website: [www.nassauchurch.org](http://www.nassauchurch.org).

### **Costs**

- Vacation Bible School: \$35.00

*Scholarships are available, please contact Ingrid Ladendorf in the church office, 609-924-0103 x105, or [ingrid@nassauchurch.org](mailto:ingrid@nassauchurch.org).*

**Location** 61 Nassau Street (at Palmer Square), Princeton. Registered families will receive email notification of our new drop-off and pick-up procedure in early June.

**Registration Deadline is Sunday, June 8.**

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# REGISTRATION FORM

Please fill out a separate form for each child attending.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (Sept '25): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

City, State ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Phone Number  
(other than numbers already listed): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Church: \_\_\_\_\_

Names and cell phone numbers of persons who may pick up camper from VBS each day:  
\_\_\_\_\_  
\_\_\_\_\_

In case of medical emergency, the Vacation Bible School personnel are authorized to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. In the event of an emergency, personnel will make every attempt possible to contact the undersigned parent or guardian. I release the church and its agents from responsibility in the case of accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Any additional information we should know? (Allergies, learning differences, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Volunteers greatly appreciated!** Please indicate where you would be interested in helping out:

\_\_\_\_\_ VBS—Days of the Week Available:            Mo    Tu    We    Th  
Age Group/Activity of interest: \_\_\_\_\_

\_\_\_\_\_ Set up: Sunday, June 29 ♦ 1PM            \_\_\_\_\_ Take down: Thursday, July 3 ♦ 1PM

\_\_\_\_\_ Other ways I'm willing to help: \_\_\_\_\_