



Vacation Bible School

"Camp Edge"

Mon—Fri July 13-17, 6:30-8:30pm

REGISTRATION FORM

(one per child)



SAVE THE DATE!

Child's Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Tele. () _____ Cell () _____ E-mail _____

Child's DOB _____ Last School Grade Completed _____

In case of emergency, contact _____ Phone _____

Mother _____ Father _____

Allergies _____ (use back if necessary) Home Church _____

Name of a special friend your child might like to be with _____

How did you hear about our program? Internet Magazine Newspaper Other _____

If I am unreachable at the phone numbers listed the evenings of July 13-17, 6:30-8:30, I authorize counselors from the First Baptist Church to seek emergency medical attention for my child named above should the need arise.

I authorize the First Baptist Church of Westfield to use photographs and videos of me or my child participating in your Vacation Bible School program for their own publications or in press release submittals to local papers.

Parent(s) signature

RETURN FORM TO:



170 Elm St., Westfield, NJ 07090

908-233-2278

firstbaptist.westfield@verizon.net