

Registration Form VBS

First Presbyterian Church, Holy Trinity Lutheran Church,
Prince of Peace Lutheran Church of Rockaway, Trinity Lutheran Church, Dover

“To Mars and Beyond”

VBS Dates: July 22-26

Time: 9 a.m.—12:30 p.m.

Place: First Presbyterian Church of Rockaway
35 Church Street, Rockaway, NJ 07866

Registration Fee: \$25 per child,
\$60 per family (Family = three or more siblings)

Full Payment due with Registration Form

Must Register by July 1 to be Guaranteed a T-Shirt

All information is kept confidential

Child's Name: _____

Nickname/Preferred Name: _____

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Cell phone: _____

Home email address: _____

Child's age: _____ Date of Birth: _____ Gender: M or F

School Grade entering: _____

Siblings: _____

Home Faith Community (if any): _____

In case of emergency (when the parent/guardian cannot be reached), please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies/medical needs the VBS staff should be aware of:

Person responsible for picking up this child at the end of each VBS day:

Name: _____

Telephone number: _____

Tell us anything special you'd like us to know about your child:

Shirt Size for your child (indicate adult/child): _____

This will ___ will not ___ be my child's first large-group experience other than Sunday school.

One friend my child would like to be with: _____

Special needs classification &/or circumstances: _____

We will be taking pictures during the week. We need your permission to take pictures of your child, put them on our power point presentation for the final day and our church website. Yes _____ No _____

Signature of parent/guardian: _____

Please indicate below if you would like to volunteer:

Site Guide Assistant Registration Friday Lunch

***** Please Make Sure to Complete All Information requested.**

If a question doesn't apply, please mark "N/A" ***

