



VBS 2010 Registration Form

Child's Name: _____

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

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Home email address _____

Parent/Caregiver's cell phone: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home Church: _____

Crew number (VBS Staff use only)

Please include a check for \$20 per child. Return form and check to Central Baptist Church, 28 East Highland Avenue, Atlantic Highlands, NJ 07716 by June 20th. Any questions, call the church at 732-291-8111.

