

NORTH BRANCH REFORMED CHURCH VACATION BIBLE SCHOOL 2017 REGISTRATION FORM

**All information and full payment must be provided for child to be registered
Only parents or legal guardians may register their children**

	1 st Child	2 nd Child	3 rd Child	4 th Child
Name				
Birth Date				
Age				
Grade Completed as of June				
Allergy/Health Information				
Parents' Name				
Address				
City/State/Zip				
Home Phone				
Cell Phone				
Emergency Contact Person				
Emergency Contact Relationship				
Emergency Phone				
Church Affiliation				
Email				

My child(ren) has(ve) my permission to attend and participate in the Vacation Bible School program at North Branch Reformed Church. I understand that if my child has specific food allergies I will be responsible for providing daily snacks for my child. I also understand that in the event of a medical emergency every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

Parent Signature _____ Date _____

Fee: (Check One) ***Please make check payable to "NBRC VBS"***

	<i>One (1) Child</i>	<i>\$30</i>
	<i>Two (2) Children</i>	<i>\$55</i>
	<i>Three (3) Children</i>	<i>\$80</i>
	<i>Four (4) Children</i>	<i>\$105</i>

Mail completed registration form and check to:
NBRC/VBS
203 Route 28 – Bridgewater, NJ 08807

**OPEN TO CHILDREN WHO ARE AGES 4 (BY DECEMBER 31, 2017) THRU 5TH GRADE
PLEASE NOTE: NO REFUNDS OR REGISTRATIONS AFTER June 1ST.**