



Vacation Bible School 2010

Calling All Heroes!

Join us at Hero HQ for VBS Fun!

Registration Form (one per child)

**First Congregational Church
125 Elmer Street
Westfield, NJ 07090**

Name of Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) _____

Home e-mail address: _____

Age: _____ Date of Birth: _____ Last school grade completed: _____

Emergency contact & phone no.: _____

Parent/Guardian's names: _____

Parent/Guardian's address (if different from above): _____

Parent's phone no.: _____

Other: _____

Healthcare provider & phone no.: _____

Allergies, Food Allergies or medical conditions: _____

Home church: _____

Join us at Hero Headquarters!

Monday-Friday, July 19–23, 2010

VBS program from 6–8pm

Cost: \$15 (\$30 max. for families with 2 or more children)

I give my permission for the above-named child to attend the Vacation Bible Camp at the First Congregational Church from July 19 through July 23. I empower the VBS director/staff to take such action as is necessary for the welfare of the above-named participant including but without limitation, medical/or surgical treatment; and agree to pay or reimburse any costs so incurred.

Signature of parent or legal guardian: _____

Date: _____

Amount enclosed: _____ (Check no. _____) *Write checks to First Congregational Church*