

# FRUIT OF THE SPIRIT!

## VACATION BIBLE CAMP 2018 - REGISTRATION FORM

1. Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School grade entering in Fall 2018: \_\_\_\_\_

Food Allergies or Medical Conditions (circle one): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe here: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School grade entering in Fall 2018: \_\_\_\_\_

Food Allergies or Medical Conditions (circle one): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe here: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School grade entering in Fall 2018: \_\_\_\_\_

Food Allergies or Medical Conditions (circle one): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe here: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

*(In case of emergency, we will contact the parent's cell first.)*

Ok to take photograph for publicity? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Adult & teen volunteers are needed. Please check off which areas you are willing to help:**

\_\_\_ Kitchen \_\_\_ Crafts \_\_\_ Games \_\_\_ Preschool \_\_\_ K-5

**Please return this form with payment to:**

**Vacation Bible Camp  
St. Paul's Episcopal Church  
414 East Broad St.  
Westfield, NJ 07090**