

Northfield Baptist Church Vacation Bible Camp/Time 2022 Registration Form



Please fill out this form and include all your kids entering grades 1 thru grade 12 who will be attending Vacation Bible Time at Northfield Baptist Church on 1964 Zion Road in Northfield, NJ, August 1-5, 9:00 AM to 12 P.M.			
Child's Full Name(s)	with grade(s) in fall		
Parent's Name			
Address			
City/State/Zip	Phone Cell (if none- leave blank)		
Email			
Home Church			
How Did You Hear Ab	oout Us?		
□ NBC Church Attender		□ A Friend Invited You	□ Letter
🗆 Banner / VBT sign		Door Knocker/Flyer	□ Other
Medical Information			
If the answer to an	y question in this section i	is "Yes", please give child's name an	d details on the back of this form.
Does your	child(ren) have severe all	ergies? No Yes	
If yes, whic	ch ones?		
	child(ren) have significant ? No Yes	t emotional, behavioral, or physical c	oncerns or
If yes, whic	ch ones?		
	. ,	onic medical conditions that limit his o estrictions, such as diabetes?	
If yes, whic	ch ones?		
Family Doctor Name(s)		Pho	ne
and phone number abo	ove. If there are special control of the back of the back of	<u>attention</u> , we will attempt to notify th ontact instructions during VBT hours this page if more room is needed:	(Monday-Friday, 9:00 AM – 12:00
Authorization			
or phone number listed treatment for my child a	l above, I hereby give peri as named above. Further d in Vacation Bible Time,	t be reached according to the instruct mission to Northfield Baptist Church , I give Northfield Baptist Church per and otherwise minister to my child as	to arrange for proper medical mission to provide transportation to

Parent/Guardian signature _____

Date: _____