

Print Parent/Guardian Name_

Parent/Guardian signature ___

Northfield Baptist Church Vacation Bible Camp/Time 2024 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 5--9, 9:00 AM to 12 P.M.

Julia'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				
low Did You Hear Ab	out Us?			
□ NBC Church Attender		☐ A Friend Invited You	☐ Letter	
□ Banner / VBT sign		☐ Door Knocker/Flyer	☐ Other	
Medical Information				
If the answer to an	question in this section	is "Yes", please give child's name an	d details on the back of this form.	
Does your	child(ren) have severe al	lergies? No Yes		
If yes, which	h ones?			
	child(ren) have significan	t emotional, behavioral, or physical c	oncerns or	
If yes, which	h ones?			
		onic medical conditions that limit his estrictions, such as diabetes?		
If yes, which	h ones?			
Family Doctor Name(s)		Pho	Phone	
and phone number abo	ve. If there are special c	l attention, we will attempt to notify the ontact instructions during VBT hours this page if more room is needed:		