

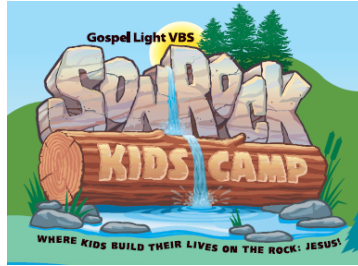
# Vacation Bible School 2009

**\*Children age 4 thru grade 6<sup>th</sup> are invited\***

**July 13<sup>th</sup> through the 17<sup>th</sup>, 09:00 am to 12:30 pm**

## At First Baptist Church

1 Washington Street  
Bloomfield, NJ 07003  
Ph. 973-743-2400



**\$5 Registration fee per child (pls. attach Check)**

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Grade **completed** in June 09 \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Allergies or physical activity limitations? \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Tel# (H): \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Emerg. Contact (Name & ph. #) \_\_\_\_\_

Date of Registration \_\_\_\_\_

Permission to attend VBS \_\_\_\_\_  
7/09 (Parent or guardian must sign)

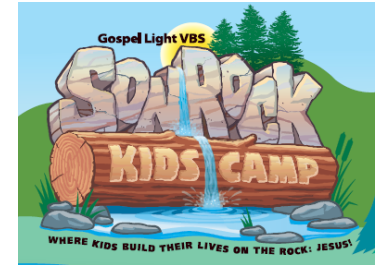
# Vacation Bible School 2009

**\*Children age 4 thru grade 6<sup>th</sup> are invited\***

**July 13<sup>th</sup> through the 17<sup>th</sup>, 09:00 am to 12:30 pm**

## At First Baptist Church

1 Washington Street  
Bloomfield, NJ 07003  
Ph. 973-743-2400



**\$5 Registration fee per child (pls. attach Check)**

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Grade **completed** in June 09 \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Allergies or physical activity limitations? \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Tel# (H): \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Emerg. Contact (Name & ph. #) \_\_\_\_\_

Date of Registration \_\_\_\_\_

Permission to attend VBS \_\_\_\_\_  
7/09 (Parent or guardian must sign)