North Hunterdon Ecumenical Fellowship 2024 Vacation Bible School Registration Form

Child's Name:	
Preferred Name:	
Birthdate:	Grade Completed:
My Child WILL BE ATTENDING on the follo	wing dates:
□ 7/1 □ 7/8 □ 7/15 □ 7/22 □ 7/29	
Medical Information Allergies: Other Medical Conditions:	
Parent/Guardian Information Parent/Primary Pick-Up: Parent/Primary Pick-Up on site: NO	
Emergency Information (other than liste	ed above)
Emergency Contact:	
Phone:	
Dismissal: Who, other than parent/primar	ry pick-up listed above, may pick up the child
Photo & Press Release	
	ograph and/or video images of your child for
promotional display, social media, and website use? \square YES \square NO	