



*Vacation Bible School Registration Form*  
*First Presbyterian Church Stanhope*  
*100 Main St. Stanhope, NJ 07874*  
*973-347-5142*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Entering in Sept. 2010 \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Friends/Siblings also attending VBS \_\_\_\_\_

\_\_\_\_\_

Would like to be in class with \_\_\_\_\_

Allergies/Health Issues we should be aware of \_\_\_\_\_

Please mail completed form to Tina Wallace, 5 Carmine Dr., Netcong NJ 07857

Donation requested, but not required, - \$10 per child or \$15 per family with multiple children enrolled. Checks can be made payable to First Presbyterian Church Stanhope. For additional info contact Tina Wallace at (862) 432-7327.