

ST. PAUL'S REFORMED CHURCH
2013 VACATION BIBLE SCHOOL REGISTRATION

Name: _____

Date of Birth: _____ Age: _____

Grade Completed: _____ Parent/Guardian: _____

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____

Cell: _____ Email: _____

Emergency Contact Name/Number: _____

Special Needs/Allergies: _____

If there is a special friend your child would like to be with: _____

Please print, fill out and return to:
St. Paul's Reformed Church
158 Phelps Lane, North Babylon, NY 11703