



REGISTRATION FORM

(One per child)

July 18 – 22, 2021

Newark Central Christian Church
587 Mount Vernon Road
Newark, OH 43055
(740) 366-4961

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____

Home telephone: (____) _____

Parent/caregiver's cell phone (____) _____

Home email address: _____

Home church: _____

(over)

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: (____) _____

Relationship to child: _____

List of individuals with permission to pick your child/children up from VBS:

RETURN COMPLETED FORM TO NEWARK CENTRAL CHRISTIAN CHURCH OFFICE,
ATTENTION AMY MANGUS, VBS DIRECTOR AT YOUR EARLIEST CONVENIENCE.