**2018 Vacation Bible School**

**August 9-12, 2018**

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Thursday: 4:00 p.m. to 7:00 p.m. (dinner included)

Friday: 4:00 p.m. to 7:00 p.m. (dinner included)

Saturday: 9:00 a.m. to 1:00 p.m. (lunch included)

Sunday: 10:00 a.m. to 12:00 noon (Celebration!)

At the Wharton United Community Church

20 Church Street, Wharton, NJ

**For children ages 4 through
entering 5th grade**

There is no cost but donations are greatly appreciated!

Join us for a fun week of action-packed camp fun!  Kids will make cool crafts, engage in worship, sing fun songs, jump into Bible Study, and play zany games! All activities work together to form great friendships and strengthen campers’ faith development.

Complete this form and return it to Wharton United Community Church. Please bring child’s physician’s name and phone number to first session. Registration form must be received by start of VBS.

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**2018 Day Camp REGISTRATION FORM**

**Wharton United Community Church 973-366-8140**

*Please submit one form for each child who will be attending.*

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering Fall 2018\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings (names, ages):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has permission to participate in all aspects of Wharton United Community Church at St. John’s (WUCC) VBS, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above, and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and WUCC’s insurance is secondary. I give my approval to photocopy this form for use out of VBS. Further, I give permission for use of photos of my son/daughter to be used in VBS promotion unless noted.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_