

# The Mission Church Of Paramus Presents...



**August 5<sup>th</sup>-9<sup>th</sup>, 2019**  
**9:30-Noon**

For all children 5 years old entering  
Kindergarten through children who just  
completed 6<sup>th</sup> grade.

For more information, please contact:



128 N. Farview Avenue, Paramus, NJ 07652

(201)265-1156

[events@themissionchurch.org](mailto:events@themissionchurch.org)



The Mission Church 2019 VBS Registration Form

**Student Information**

Name: \_\_\_\_\_

Date of Birth(mm/dd/year): \_\_\_\_\_

Grade Completed June of 2019: \_\_\_\_\_ Gender (circle one): M / F

Student Address: \_\_\_\_\_  
Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent Information**

**Mother:**

Name: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Father:**

Name: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Do you go to church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Where did you hear about our VBS? \_\_\_\_\_

**Student Medical Information:**

Allergies (circle one): YES / NO

If "YES", please list ALL of them: \_\_\_\_\_

Epipen (circle one): YES / NO

If "YES", please bring an extra epipen in a clear bag with student's name and grade for the medical staff the week of VBS.

Asthma (circle one): YES / NO If "YES", what type? \_\_\_\_\_

If "YES", please bring an extra inhaler in a clear bag with student's name and grade for the medical staff the week of VBS.