



Hopewell Reformed Church

August 16th – 20th, 2010

9:00 a.m. - 12:30 p.m.

Parent Name(s): _____ Date: _____

Telephone Numbers: Day Time () _____ Cell () _____

Street Address: _____ Town/City: _____ Zip: _____

E-Mail Address: _____ (For VBS Updates)

2nd Emergency Contact (will try to contact parent first) MUST BE LOCAL

Name: _____ Telephone Number: _____

Student's Full Name: _____

Birth Date: _____ M/F ____ Grade entering in school: K 1 2 3 4 5 6

Special Health Concerns: Diet, Physical Restrictions, Allergies, etc.?

Student's Full Name: _____

Birth Date: _____ M/F ____ Grade entering in school: K 1 2 3 4 5 6

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Student's Full Name: _____

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Student's Full Name: _____

Birth Date: _____ M/F ____ Grade entering in school: K 1 2 3 4 5 6

Special Health Concerns: Diet, Physical Restrictions, Allergies, etc.?

**Children MUST BE entering Kindergarten through the 6th grade to participate.
Classes are limited in size.**

Donations gratefully accepted.

If you would be willing to help set up the TENT, please check here _____

If you would like to receive more information about HRC, please check here _____

Please return to Sheryle Silvern or mail to:

Hopewell Reformed Church VBS, 143 Beekman Rd, Hopewell Jct., NY 12533