



Camp Firelight

June 24-28, 2024

9am-12:30pm—Lunch Provided

Registration Form

Registration Deadline June 3rd
NO Exceptions

Parent /Guardian Name _____ Phone _____

Address _____ Cell _____

Email _____ Home Church _____

Emergency Contact Name & Phone _____

Physician Name & Phone _____

Child(ren) Info:

Last Name	First Name	Birth Date	Last Grade Completed	Youth Shirt Size	Place my child with:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Important Medical info: My child has: (circle) Autism, ADHD, ADD, Peanut/Nut Allergy, Asthma, Diabetes, other _____

We often take photographs during VBS events that may be used in publicity, (bulletin, newspaper, website, FB) AND will "Live Stream" from our website.

Please indicate if you **DO NOT** want your child's picture used: _____

*****I hereby agree to release all parties affiliated with Vacation Bible School for any liabilities arising from my child(ren) participating in this program.**

Parent/Guardian Signature _____

All registration forms must be mailed directly to the VBS Director :

VBS Director, Carol McKay 32 Caldwell Drive, New Milford, CT 06776.