



Hilltop Church
Vacation Bible School
14 Hilltop Rd., Mendham, NJ 07945
June 17–21, 2024
9:00 a.m. – 12:30 p.m.



VBS REGISTRATION FORM

Program Contact: Danielle Doyle, (973) 543-4012 or office@hilltopchurch.org

(Please print – Fill out a complete form for each child)

Child's Name _____ Name to Call Child _____

Child's Age on 6/17 _____ Child's Birth Date _____ Entering Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

OTHER INFORMATION

____ Check if you do **not** want your child's image on social media/communications.

_____ Name of a friend to group your child with.

Family members and friends (18+ years old) are welcome to volunteer at VBS and be part of the fun! List below anyone who is interested, along with their contact information.

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DISMISSAL

Who may pick up your child at the end of their day with us?

Name _____ Relationship _____

Name _____ Relationship _____

PAYMENT

Vacation Bible School is **\$75**. Please indicate which payment method you'll use:

_____ Online at HilltopChurch.org, select Donate then "Give to VBS" in the fund field.

_____ By check enclosed with this registration form.

_____ Other: _____

SIGNATURE

I am enrolling my child in Vacation Bible School at Hilltop Church, June 17-24, 2024.

_____ I understand that there is a limit of 40 participants.

_____ I want my child to go on the waiting list if registration is full when ours is received.

Parent/Guardian Signature _____ Date _____