

CCCNJ 2010 VBS REGISTRATION FORM

Last Name: _____

Child's First Name	Chinese Name in Full	Sex	Date of Birth	Grade Completed

Home Phone: () - _____

Email (please print): _____

Address:

Number Street City Apt. No. State Zip

Father's First Name: _____ (English) _____ (Chinese in full) Work (cell) No.: () - _____

Mother's First Name: _____ (English) _____ (Chinese in full) Work (cell) No.: () - _____

Emergency Contact:

1. _____ Phone No.: () - _____

2. _____ Phone No.: () - _____

Please check one:

() We are invited by _____

() We are the member of _____ (church name)

Registration Fees: \$20 for preschoolers (4 to 6 years old)

\$30 for elementary-aged kids (completed grades 1st to 5th)

A late fee \$15 per person will be charged after July 25th.

Total Amount Enclosed: Check (Chk. No.: _____) \$ _____ (payable to CCCNJ)

Cash \$ _____

Please mail all the forms with your check to: Mr. David Hu

15 Quaker Road, Parsippany, NJ 07054

We will not hold CCCNJ liable for my child(ren) listed above, while attending the VBS program.

Parent's Signature _____

Date _____