

**SUMMER VACATION BIBLE SCHOOL**  
**FOR CHILDREN 5 YEARS OLD TO ENTERING 7<sup>TH</sup> GRADE**

**BIBLE STORIES, CRAFTS, RECREATION, TRIPS,  
PRACTICE BASIC SKILLS & LOTS OF FUN!!!!**  
You can attend all four sessions!! Check the ones you will attend!

**FIRST SESSION \_\_\_\_\_**

**Weeks of: June 26-June 30, 2017 & July 1 - July 7, 2017**

**John Wesley United Methodist Church**

90 Matthew Brown Way, Bridgeton - 856-455-7774

9 a.m. - 12 noon - Breakfast & Snack

**SECOND SESSION \_\_\_\_\_**

**Week of: July 10 - July 14, 2017**

**Trinity United Methodist Church**

14 Fayette St., Bridgeton - 856-455-0579

6 p.m. - 8:30 p.m. - Light Supper & Snack

**Week of: July 17 - July 21, 2017 \_\_\_\_\_**

**Trinity AME Church**

1955 Bridgeton-Millville Pike, Gouldtown 856-451-8990

5:00 p.m. - 8:00 p.m. - Dinner

**THIRD SESSION \_\_\_\_\_**

**Weeks of: July 24-28, 2017 & July 31- Aug. 4, 2017**

**First United Methodist Church**

266 East Commerce St., Bridgeton - 856-451-7960

9 a.m. - 12 noon - Breakfast & Lunch

**FOURTH SESSION \_\_\_\_\_**

**Weeks of: Aug. 7 -11 & Aug. 14-18, 2017**

**St. John United Methodist Church**

680 Fordville Rd., Bridgeton - 856-332-5352

9 a.m. - 12 noon - Breakfast & Lunch

Sponsored by the United Methodist Bridgeton Bridges of Growth for Children

**REGISTRATION FORM ON THE BACK**



**REGISTRATION FORM (Please Print)**

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Birth Day \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency \_\_\_\_\_  
Allergies or other important medical information \_\_\_\_\_

Is it ok to take pictures of your child during VBS \_\_\_\_\_ Yes or \_\_\_\_\_ No

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Birth Day \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency \_\_\_\_\_  
Allergies or other important medical information \_\_\_\_\_

Is it ok to take pictures of your child during VBS \_\_\_\_\_ Yes or \_\_\_\_\_ No

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Birth Day \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency \_\_\_\_\_  
Allergies or other important medical information \_\_\_\_\_

Is it ok to take pictures of your child during VBS \_\_\_\_\_ Yes or \_\_\_\_\_ No

\_\_\_\_\_ Parent/Guardian Signature