



VBS REGISTRATION 2018

JULY 15-19 & 22 6:00-8:30PM AGES 2-13



Child's Name: First: [] Last: []

Date of Birth: [] / [] / [] UPCOMING Grade: [] Age: []

Home Address: Street: [] City: [] St: [] Zip: []

Home Phone: []

Child's Sibling(s) and age(s): []

Child's Home Church (if any): GRACE COMMUNITY CHURCH other (please list) []

Parent/Guardian Names:

Name: [] Relation: [] Phone: []

Email: []

Name: [] Relation: [] Phone: []

Email: []

In The Event of an Emergency: Please list 2 additional contacts if we can't reach the above:

Name: [] Relation: [] Phone: []

Name: [] Relation: [] Phone: []

Transportation: Please list the names of anyone who you think may need to pick up your child:

Name: [] Relation: [] Phone: []

Name: [] Relation: [] Phone: []

Medical: not potty trained peanut allergy bee sting allergy other (please list on back)

Child's T-shirt Size: (please circle only one)

Child: SM MD LG XL Adult: SM MD LG XL 2XL 3XL

Consent: By signing below I affirm that I have read and understand the photo and medical release on the side:

Signature of Parent/Guardian: []

Printed Name: [] Date: [] / [] / []

GROUP:

Allergy Alert:

ATTENDANCE:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Sunday

for staff use

Photo Release:

I give permission to Grace Community Church to photograph my child at the VBS events. I give permission to copyright, use, and publish the photographs for any lawful purpose, including but not limited to newspaper articles, church publications, and the church website.

Medical Release:

I release all adult supervisors and Grace Community Church from any responsibility for accidents during church sponsored activities. In case of emergency, I, the parent/legal guardian of the child give permission to the adult sponsors of Grace Community Church to secure proper treatment for the health and comfort of my child until I can be reached.