

VBS Registration

Family Last Name: _____

Children's Names

Age

Parents Names: _____

Address: _____

Preferred Contact Number: _____

Alternate Number: _____

I am a guest of _____

I release from any responsibility the church, ministers, and staff of the Grace Pointe Church in the event of any accident that may occur, knowing that the church has placed the care of the children as their highest priority. I hereby give my consent to Grace Pointe Church to photograph and publish images of me and/or my child/children.

Parent/Guardian Signature _____

Please inform us of any allergies: _____

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