



# Vacation Bible School Registration Form

June 20-June 24/ 9:00am-12:00 Noon  
Open to 4 year olds - 5<sup>th</sup> Graders (Fall 2022)

(Please use one form per family - please complete and return to Grace Point Church. Refunds only available **before June 1<sup>st</sup>, 2022**)

Parent Contact Name (Last, First): \_\_\_\_\_

Email address: \_\_\_\_\_ Home church: Grace Point \_\_\_ Other \_\_\_ None \_\_\_

Parent's Cell (\_\_\_\_\_) \_\_\_\_\_ Additional Contact #: (\_\_\_\_\_) \_\_\_\_\_

**I have read and signed the GPC Medical & Liability Release Agreement for Grace Point Church.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name (First & Last): _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Date of Birth: ____/____/____ Age (on 6/20/22): ____ Grade (Fall 2022): ____	T-SHIRT SIZE: <input type="checkbox"/> Youth X-Small (3-4) <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Small (5-6) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium (7-8) <input type="checkbox"/> Youth Large (9-11)	Registration Fee: Early Bird*: \$60 (before 5/31/22) Regular: \$65
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Friend Requests Early Bird Only (must be in the same grade and gender):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Child's Name (First & Last): _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Date of Birth: ____/____/____ Age (on 6/20/22): ____ Grade (Fall 2022): ____	T-SHIRT SIZE: <input type="checkbox"/> Youth X-Small (3-4) <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Small (5-6) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium (7-8) <input type="checkbox"/> Youth Large (9-11)	Registration Fee: Early Bird*: \$60 (before 5/31/22) Regular: \$65
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Friend Requests Early Bird Only (must be in the same grade and gender):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Child's Name (First & Last): _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Date of Birth: ____/____/____ Age (on 6/20/22): ____ Grade (Fall 2022): ____	T-SHIRT SIZE: <input type="checkbox"/> Youth X-Small (3-4) <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Small (5-6) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium (7-8) <input type="checkbox"/> Youth Large (9-11)	Registration Fee: Early Bird*: \$60 (before 5/31/22) Regular: \$65
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Friend Requests Early Bird Only (must be in the same grade and gender):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Additional Amount For Scholarship Donation (optional):	\$
<b>Total Amount Enclosed:</b>	<b>\$</b>

GPC Office Use Only:	Date Paid: _____	Cash / Check # _____	Total Amount Paid: _____
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## Medical and Liability Release Form

Please complete and return to Grace Point Church

ALL INFORMATION IS FOR EMERGENCY PURPOSES ONLY & WILL BE KEPT CONFIDENTIAL.  
ONE FORM PER FAMILY - PLEASE PRINT LEGIBLY.

FAMILY LAST NAME: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent(s) / Guardian(s) living with Minor(s): \_\_\_\_\_

In emergency please notify: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Name of Child #1:** \_\_\_\_\_ Gender: Boy \_\_\_\_ Girl \_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Grade in school: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Health History / Allergies (explanation on reverse, as needed):**

\_\_\_ Drugs      \_\_\_ Diabetes      \_\_\_ Epilepsy      \_\_\_ Frequent upset stomach

\_\_\_ Hay Fever      \_\_\_ Heart condition      \_\_\_ Insect stings      \_\_\_ Physical handicap

\_\_\_ Chronic asthma      \_\_\_ Frequent colds      \_\_\_ A.D.D.      \_\_\_ Other (explain on reverse)

**Current Medications:** \_\_\_\_\_

**Name of Child #2:** \_\_\_\_\_ Gender: Boy \_\_\_\_ Girl \_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Grade in school: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Health History / Allergies (explanation on reverse, as needed):**

\_\_\_ Drugs      \_\_\_ Diabetes      \_\_\_ Epilepsy      \_\_\_ Frequent upset stomach

\_\_\_ Hay Fever      \_\_\_ Heart condition      \_\_\_ Insect stings      \_\_\_ Physical handicap

\_\_\_ Chronic asthma      \_\_\_ Frequent colds      \_\_\_ A.D.D.      \_\_\_ Other (explain on reverse)

**Current Medications:** \_\_\_\_\_

**Name of Child #3:** \_\_\_\_\_ Gender: Boy \_\_\_\_ Girl \_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Grade in school: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Health History / Allergies (explanation on reverse, as needed):**

\_\_\_ Drugs      \_\_\_ Diabetes      \_\_\_ Epilepsy      \_\_\_ Frequent upset stomach

\_\_\_ Hay Fever      \_\_\_ Heart condition      \_\_\_ Insect stings      \_\_\_ Physical handicap

\_\_\_ Chronic asthma      \_\_\_ Frequent colds      \_\_\_ A.D.D.      \_\_\_ Other (explain on reverse)

**Current Medications:** \_\_\_\_\_





Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

## Child Authorization Pick Up Form

VBS Day Camper

Child's Last Name	Child's First Name	Age	Grade

The following individuals are authorized to pick up my child. No one will be permitted to pick up your child if their name is not listed below. ***Please have all individuals bring a photo I.D. upon pick up. We cannot release children without a photo I.D.***

Name	Cell Number	Relationship to Child
1.)		
2.)		
3.)		

**Parent/Guardian Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_**

GPC Office Use Only	Date Received:	Child(s) Group Name(s):
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