

Grove Park Chapel Vacation Bible School

Registration and Emergency Information

Child's Last Name: _____ First Name: _____ Male ___ Female ___

Date of Birth: ___/___/_____ Age _____

Entering Grade (circle one):

Pre-K (Blue Group)

K-1st (Red Group)

2nd-3rd (Green Group)

4th-6th (Yellow Group)

No / Yes Special Medical Concerns (please circle one)

Needs/Allergies _____

* We do provide snacks and we will often be outside during game time, weather permitting. If your child(ren) has a food allergy, we ask that they bring their own snack with them. If your child has any medical issues concerning being outside or any other, please talk with their group leader to discuss their needs. You may contact the church office ahead of time to discuss these as well.

Parent/Guardian name(s): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail address:** _____

Home Church: _____

Emergency Contacts (if parents cannot be reached):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

*See back of form to complete

Please list any siblings that will also be in attendance:

Sibling 1: _____ **Group:** _____

Sibling 2: _____ **Group:** _____

Sibling 3: _____ **Group:** _____

Sibling 4: _____ **Group:** _____

Sibling 5: _____ **Group:** _____

*I agree that Grove Park Chapel may use photographs of myself and/or my child(ren) for any lawful purpose, including publicity, illustration, advertising, and web content.

*In the event of an emergency, if I cannot be reached and my listed emergency contacts cannot be reached, I give my permission for the Vacation Bible School staff at GPC to secure medical assistance for my child while he/she is attending this program. I understand that every effort will be made to contact me and other emergency contacts in an emergency, but if I am unavailable and if immediate medical attention is required, program personnel may authorize such treatment. I will not hold Grove Park Chapel or the Vacation Bible School staff responsible in any way.

Parent/Guardian Signature: _____ Date: ___/___/___