

GRACE EVANGELICAL LUTHERAN CHURCH

1055 Randolph Road
Middletown, CT 06457-5190
Preschool (860)346-0766
Church (860) 346-2641

VACATION BIBLE SCHOOL

August 7-11, 2017

9am-12noon

"Hero Central"

Discover Your Strength in God!

V. B. S. REGISTRATION FORM

CHILD'S

LAST NAME: _____ **FIRST NAME:** _____

DATE OF BIRTH: _____ **GRADE COMPLETED (2016-2017 SCHOOL YEAR):** _____

(Children three years old and older, can attend. Younger children may attend with an adult. A separate registration form is required for each child in the family.)

EMAIL: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CURRENTLY ATTENDING SUNDAY SCHOOL? YES ____ **NO** ____

GRACE LUTHERAN VACATION BIBLE SCHOOL EMERGENCY/PERMISSION FORM

PARENTS/GUARDIAN NAMES: _____

HOME PHONE: _____ **WORK PHONE:** _____

NAME AND NUMBER OF PERSON TO CONTACT IF PARENTS CANNOT BE REACHED:

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

DOCTOR'S NAME: _____ **PHONE:** _____

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? NO ____ **YES** ____

PLEASE EXPLAIN: _____

IN THE EVENT OF A MEDICAL EMERGENCY OR ACCIDENT IN WHICH YOU ARE UNABLE TO REACH ME, YOU HAVE MY PERMISSION TO TAKE MY CHILD, WHOSE

NAME IS: _____ **TO RECEIVE NECESSARY TREATMENT.**

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____