

Registration open to members – May 2
Registration open to guests – June 6
Registration deadline – July 18



Grace Church United Methodist
Vacation Bible School 2010 Registration Form
August 2-6, 9:00-12:00
Please complete a separate form for each child

Child's Name: _____ DOB: ____/____/____

Name of Parents: _____

Mailing Address: _____

City/State/Zip: _____

Family Email Address: _____

Home Phone: _____ Cell/Work Phone: _____

Emergency Contact: _____ Phone: _____

Who has permission to pick up your child from VBS?: _____

Child's Age on August 1, 2010: _____ Grade Completed: _____

Allergies/Special Medical Considerations (Describe in appropriate detail)

Children will be grouped by age, with every effort made to honor placement requests. Please note any requests here:

Note: At Grace Church's Vacation Bible School, we will offer children ages 4 through rising 6th grade a variety of stimulating, enriching, and nurturing activities as we explore God's love and God's role in our lives. Vacation Bible School for 3 year olds and childcare for children under the age of 3 is available for VBS volunteers only.

There is a fee of \$10 per child to help with the cost of Vacation Bible School. Please make checks payable to Grace Methodist with "VBS 2010" in the memo line. Scholarships are available on an as needed basis. See Mary Kerrigan or Kim Priddy. We welcome donations to help other children attend VBS.

I wish to register my child in Vacation Bible School at Grace Church United Methodist. I agree to hold harmless all parties involved in caring for my child in the case of an accident, and I understand that I will be responsible for the cost of any emergency medical care resulting from said accident, should the need arise.

Print Name: _____ Sign: _____ Date: _____

I give permission for my child's photograph or video image to be used on promotional or informational materials, press media, and possible publication on the World Wide Web through the church's web page for positive public relation purposes. Initial: _____

Please submit form to:

Mary Kerrigan, 1603 Biscayne Drive, Greensboro, NC, 27410. (336-455-1467)
Or to Grace Church United Methodist, attn. Kim Priddy. 438 W. Friendly Ave, Greensboro, NC, 27401

Administrative Use
Group _____
Paid _____
Note _____