



REGISTRATION FORM

**SUNDAY, JULY 28 - THURSDAY, AUGUST 1
6:00-8:15 PM**

Free Vacation Bible School sponsored by Grandview Baptist Church

Register by Sunday, July 21st (One form per family)

<u>Child Name</u> (4 years old thru 5 th grade)	<u>Gender</u>	<u>Age</u>	<u>Grade Next Fall</u>
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

Parent/Guardian Name(s): _____

Address: _____

Phone numbers: home () _____ - _____ cell () _____ - _____

E-mail address: _____

Home church: _____

I was invited by... _____

Names of family members (if any) helping with VBS: _____

Emergency information:

Allergies or other medical conditions: _____

In case of emergency contact: _____

Relationship to child/ren: _____ Phone number: () _____ - _____

I hereby authorize a representative of Grandview Baptist Church to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event above stated child/ren should be admitted to any hospital or be in need of any medical treatment. This authorization shall continue for the duration of the VBS sessions and while said child/ren is/are under the supervision of the authorized representative of Grandview Baptist Church.

Parent/Guardian Signature: _____ **Date:** _____

Special instructions in regards to your child/ren:

Photo/Video Release

I hereby grant permission to Grandview Baptist Church to photograph or video tape my child during church group events and activities and to use the photographs and video in Grandview Baptist Church audio-visual and printed materials without compensation or approval rights. Yes_____ No_____

VBS Dates and Time: Sunday, July 28th – Thursday, August 1st, 6:00-8:15pm

Registration deadline: Sunday, July 21st

Contact Information: Grandview Baptist Church – Julie Lyle
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Davenport, IA 52806
563-391-4308 children@grandviewchurch.org

