



Registration Form

One Form Per Family For This Free VBS Sponsored by Grandview Baptist Church

<u>Child Name</u> (more space on back)	<u>Gender</u>	<u>Age</u>	<u>Grade Next Fall</u>
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

Address: _____

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

E-mail address: _____

Home church: _____

Describe involvement of other family members helping with Galilee By-the-Sea. _____

Name of a special friend your child/ren might like to be grouped with: _____

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 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 Galilee By-the-Sea sessions and while said child/ren is/are under the supervision of the authorized representative of Grandview Church.

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

Transportation information:

I authorize the following person to pick up my child/ren from Grandview Church. If there are any changes in this arrangement, I will give advanced written notice.

Name: _____ Relationship to Child/ren: _____

Phone number: () _____ - _____

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

<u>Additional Children Names</u>	<u>Gender</u>	<u>Age</u>	<u>Grade Next Fall</u>
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

Special Instructions:

VBS Dates and Time: Sunday through Thursday, July 25th – July 29th, 6:00 pm to 8:15 pm
Registrations returned by July 19th would be appreciated, to ensure enough materials for everyone.

Contact Information: Grandview Baptist Church
4316 N. Ripley St, Davenport, IA 52806
(563) 391.4308 Fax (563) 386.5831
or Ilene Stroud (563) 285.8811