PLEASE FILL OUT ONE FORM PER CHILD. THANK YOU.

_			
Grou	n:		
<b>O</b> . <b>G</b> G	ρ.		

HILD:				
ast Name:	First Name	First Name:		
ge: Bir	thday:	First Name: Grade Completed June		
017:				
***Child will be p	placed with the gr	ade complet	ted in June 2017***	
**Children completing 5th C	Grade in June 201	7 have the c	pption to be with the Pre K-	
	VBS or the Grad	es 6-8 VBS*	<b>*</b>	
ARENT(s):				
ast Name:	Fire	First Name:		
ast Name:	 Fir:	t Name:		
ddress:				
ity:		State:	Zip:	
none:				
mail:				
<b>low Did You Hear About (</b> <u>ircle one)</u> oad Sign Postcard Pisc )			<del>.</del>	
Attend GAC Other	(	)		
Emergency Contact: Person(s) authorized to tall premises:	ke child from the			

Do you plan on attending Vacation Bible School all week?

\_\_\_\_\_



## Please return completed forms to Grace Alliance Church VBS Registration 240 Stelton Road, Piscataway NJ, 08854

Medical Release and Parental Consent Form

Loving God

Loving People

Serving Others

Name of Child:					
Date of last medical checkup:					
Date of last tetanus shot:					
Doctor's Name:		_ City:		State:	
Doctor's 24 hour phone number:					
Activity Restrictions:					
List Allergies and					
Medications:					
**Note: Emergency medications must be What type of allergic reaction does the	-	ed by the f	amily for	the child**	
have?					
Is medication required for an allergic real				NO	
If Yes: Medication Name:					_
Is child currently taking medication?					
Name/Type of Medication:					<u> </u>
Reason for Medication:					
Dosage instructions:					_
**Note: All children who have a prescr	ibed EPI I	Pen or inha	ler are r	esponsible for bringing th	em and keeping
thei	m while a	ıt Vacation	Bible Sci	hool**	
	<u>Emerge</u>	ency Conta	ct People	<u>::</u>	
Name:		Relationsh	ip:		
Telephone (Day and Evening):					_
Name:		Relationsh	ip:		
Telephone (Day and Evening):					_
	<u>Pa</u>	rental Con	<u>sent</u>		
1		the le	gal guarc	lian of	
"	authoriza			Grace Alliance Church to c	are for the
administration of first aid treatment for			•		
sustained is life threatening, or in need	-	-	-		
Church to summon any or all profession					
to hold harmless any staff, assistants, ar					
suits, claims, and actions of any kind wh					=
authorization.	atsoever,	, arising ito	iii tiicii t	record of the power grain	ica by tills

Devel / Consider Cined as				
Insurance Company:	Policy Number:			
<u>Grace Alliance</u>	Church Photo/Video Consent Form			
	oll consent form to both inform you and to request permission for your a Grace Alliance Church's website (www.GraceAlliance.org) and the			
**This consent form is solely for the us names associated with them in any wo	se of photo images, and those images will not have any individual			
To GRANT PERMISSION to use your ch	ild's pictures:			
	(Please print your name) <b>GRANT PERMISSION</b> for Grace			
	ny child, (Please print child's sebook page. I further state that I have the right to give this permission			
	lian. I understand that if I give notice to the webmaster that I object to			
any picture on the website, it will be re				
Signed:	Dated:			
To REFUSE PERMISSION to use your ch				
	(Please print your name) REFUSE TO GRANT			
<b>PERMISSION</b> for Grace Alliance Church				
	(Please print child's name) on the church's website and			
Facebook page. I further state that I haguardian.	ave the right to give this permission As I am the child's parent or legal			
Signed:	Dated:			

