



2022

Fill out a separate form for each child

# VBS Registration Form

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@gbcvancouver  
On Facebook &  
YouTube

**Child's Name** (*first & last*): \_\_\_\_\_ **Age, Birthdate:** \_\_\_\_\_, \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Last Grade Completed:** \_\_\_\_\_

\_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Mailing Address** (*if different*): \_\_\_\_\_

\_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Parent/Guardian Name** (*first & last*): \_\_\_\_\_

\_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**In Case of an Emergency Notify:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Dismissal Information:** Who may pick up your child at the end of each VBS day?

\_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Child Medical Information:**

**Special dietary needs** (*if relevant*): \_\_\_\_\_

**Allergies** (*food, insect, plant, medicine, etc.*): \_\_\_\_\_

**Medical conditions or medications we should know about** (*e.g. inhalers, EpiPens, medicines being taken, etc.*)

**or any other information that we need to know:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Family Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Other Information:**

Does your child attend Sunday School or a church? If so, where?

\_\_\_\_\_

How did you hear about our Vacation Bible School?

\_\_\_\_\_

May we have permission to photograph your child?  Yes  No

May we post your child's photograph on our social media &/or website pages?  Yes  No

**Parent/Legal Guardian Signature:**

I grant permission to and authorize Grace Baptist Church workers in charge to obtain necessary emergency medical or dental attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the entirety of this form is correct.

**Printed Name** (*first & last*): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_