



Registration Form 2016

Return this completed form with a \$10 registration fee (*scholarships available*) for each child to :
Grace Community Church 800 SE Hogan Rd. Gresham Oregon 97080

Please fill out a separate registration form for each family.

July 18-22

9am-12:30

Kindergarten to
6th Grade

Father/Guardian name _____	Mother/Guardian name _____
Father's Cell # _____	Mother's Cell # _____
Phone # Home _____	Email _____
Street Address _____	
City _____	State _____ Zip _____
Emergency Contact _____	Phone _____
Note: It is important to enter an Emergency Contact and Phone Number that can be reached during the time VBS is in session.	
Emergency Contact Relationship to Child(ren) _____	
Church Attending: <input type="checkbox"/> Grace Community Church <input type="checkbox"/> Active in another Church <input type="checkbox"/> No Home Church	

Child #1 Name _____

Birthday _____ ☐ Male ☐ Female Grade Level—Fall 2016 _____

Medical, Allergies, or Alert Needs (*Information provided **will** appear on the back of the Child's Name Tag*) _____

Special Medical or Behavioral Needs (*Information provided **will not** appear on the Child's Name Tag*) _____

Name of Buddy (Buddy must complete their own registration and both buddies **MUST** request each other): _____

Note: Only One Buddy per Child. Buddy doesn't have to be in the same grade level for grades 1st - 5th. We will not be able to accommodate a buddy request once preregistrations are closed July 15th. If no buddy, leave blank.

Child #2 Name _____

Birthday _____ ☐ Male ☐ Female Grade Level—Fall 2016 _____

Medical, Allergies, or Alert Needs (*Information provided **will** appear on the back of the Child's Name Tag*) _____

Special Medical or Behavioral Needs (*Information provided **will not** appear on the Child's Name Tag*) _____

Name of Buddy (Buddy must complete their own registration and both buddies **MUST** request each other): _____

Note: Only One Buddy per Child. Buddy doesn't have to be in the same grade level for grades 1st - 5th. We will not be able to accommodate a buddy request once preregistrations are closed July 15th. If no buddy, leave blank.

Cave Quest Sing & Play Rock Music CD (Optional) :

Because the music is recorded by a variety of artists we are not able to reproduce the music CD for Cave Quest VBS. We will purchase CD's for \$5 and pass them along to you for the same price.

Number of CD : _____

Office Use Only

REGISTRATION FEE PAID \$ _____

NUMBER OF CD(s) _____ x \$5.00 \$ _____

TOTAL AMOUNT PAID \$ _____

Please Choose a Family Name for Check-In

Family Packet Name _____

Child #3 Name _____

Birthday _____ ☐ Male ☐ Female Grade Level—Fall 2016 _____

Medical, Allergies, or Alert Needs *(Information provided **will** appear on the back of the Child's Name Tag)* _____

Special Medical or Behavioral Needs *(Information provided **will not** appear on the Child's Name Tag)* _____

Name of Buddy (Buddy must complete their own registration and both buddies **MUST** request each other): _____

_____ Note: Only One Buddy per Child. Buddy doesn't have to be in the same grade level for grades 1st - 5th. We will not be able to accommodate a buddy request once preregistrations are closed July 15th. If no buddy, leave blank.

Child #4 Name _____

Birthday _____ ☐ Male ☐ Female Grade Level—Fall 2016 _____

Medical, Allergies, or Alert Needs *(Information provided **will** appear on the back of the Child's Name Tag)* _____

Special Medical or Behavioral Needs *(Information provided **will not** appear on the Child's Name Tag)* _____

Name of Buddy (Buddy must complete their own registration and both buddies **MUST** request each other): _____

_____ Note: Only One Buddy per Child. Buddy doesn't have to be in the same grade level for grades 1st - 5th. We will not be able to accommodate a buddy request once preregistrations are closed July 15th. If no buddy, leave blank.

Child #5 Name _____

Birthday _____ ☐ Male ☐ Female Grade Level—Fall 2016 _____

Medical, Allergies, or Alert Needs *(Information provided **will** appear on the back of the Child's Name Tag)* _____

Special Medical or Behavioral Needs *(Information provided **will not** appear on the Child's Name Tag)* _____

Name of Buddy (Buddy must complete their own registration and both buddies **MUST** request each other): _____

_____ Note: Only One Buddy per Child. Buddy doesn't have to be in the same grade level for grades 1st - 5th. We will not be able to accommodate a buddy request once preregistrations are closed July 15th. If no buddy, leave blank.

Child #6 Name _____

Birthday _____ ☐ Male ☐ Female Grade Level—Fall 2016 _____

Medical, Allergies, or Alert Needs *(Information provided **will** appear on the back of the Child's Name Tag)* _____

Special Medical or Behavioral Needs *(Information provided **will not** appear on the Child's Name Tag)* _____

Name of Buddy (Buddy must complete their own registration and both buddies **MUST** request each other): _____

_____ Note: Only One Buddy per Child. Buddy doesn't have to be in the same grade level for grades 1st - 5th. We will not be able to accommodate a buddy request once preregistrations are closed July 15th. If no buddy, leave blank.

Special Instructions or Comment(s): _____

