



# Registration Form 2017

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 17-21  
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:  Grace Community Church  Gresham Bible Church  Active in another Church  No Home Church

**Child #1 Name** \_\_\_\_\_  
 Birthday \_\_\_\_\_  Male  Female Grade Level—Fall 2017 \_\_\_\_\_  
 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 (\*\*See *Buddy Notes* on backside of this Form): \_\_\_\_\_  
 If no buddy, leave blank.

**Child #2 Name** \_\_\_\_\_  
 Birthday \_\_\_\_\_  Male  Female Grade Level—Fall 2017 \_\_\_\_\_  
 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 (\*\*See *Buddy Notes* on backside of this Form): \_\_\_\_\_  
 If no buddy, leave blank.

**Galactic Starveyors Music CD (Optional) : \$5.00 Each**

Number of CD : \_\_\_\_\_

Please Choose a Family Name for Check-In  
**Family Packet Name** \_\_\_\_\_

Office Use Only	
REGISTRATION FEE PAID	\$ _____
NUMBER OF CD(s) _____ x \$5.00	\$ _____
TOTAL AMOUNT PAID	\$ _____
DATE RCVD:	_____
RECEIVED BY:	_____

**Child #3 Name** \_\_\_\_\_

Birthday \_\_\_\_\_  Male  Female      Grade Level—Fall 2017 \_\_\_\_\_

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 (\*\*See *Buddy Note* on Backside of this Form): \_\_\_\_\_  
If no buddy, leave blank.

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**Child #4 Name** \_\_\_\_\_

Birthday \_\_\_\_\_  Male  Female      Grade Level—Fall 2017 \_\_\_\_\_

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 (\*\*See *Buddy Notes* Below) : \_\_\_\_\_  
If no buddy, leave blank.

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**Child #5 Name** \_\_\_\_\_

Birthday \_\_\_\_\_  Male  Female      Grade Level—Fall 2017 \_\_\_\_\_

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 (\*\*See *Buddy Notes* Below) : \_\_\_\_\_  
If no buddy, leave blank.

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**Child #6 Name** \_\_\_\_\_

Birthday \_\_\_\_\_  Male  Female      Grade Level—Fall 2017 \_\_\_\_\_

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 (\*\*See *Buddy Notes* Below) : \_\_\_\_\_  
If no buddy, leave blank.

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**\*\*BUDDY NOTES:**

- Children will be in small groups called "Crews" and will be placed within the following grade levels within a classroom:
  - Kindergarten
  - 1st - 2nd Grade
  - 3rd - 5th Grade
  - 6th Grade
- Only one buddy per child and both buddies must request each other
- Buddies must be within the same grade levels as listed above. No exceptions will be made.
- Buddies must register within two weeks of each other.