

VBS ENROLLMENT FORM 2024
Grace Baptist Church June 23-27, 2024



To whom it may concern,

As the parent or legal guardian, I with my signature do hereby assert, that in the event of a medical emergency during the time that my child is under the supervision of Grace Baptist Church (GBC) Staff - I give permission for (GBC) staff and/or their designee, who is present at the event, to authorize medical treatment for my child.

I also give my permission for the physician and/or hospital selected to hospitalize, treat, or to otherwise procure proper and appropriate treatment for my child. I fully understand that I am responsible for any bills related thereunto. In addition, I hold GBC, and all church representatives harmless of any and all liability related to any injury incurred during my child's involvement in any Vacation Bible School event.

Child's Name (print legibly)

Address: (Street, City, State & Zip):

() - _____ Male or Female
Telephone Number Age (circle one)

Grade just Completed (if School Age): _____ Birthdate: _____

Church You Attend

Medical History (allergies, etc):

Person to contact in case of emergency

() - _____
Telephone number

Relationship to Child: _____

By signing this document I also give permission to GBC to take photographs of my child.

Parent/Guardian Signature: _____

Classroom Instructions: Record the appropriate information from this Enrollment Form onto your "Enrollment & Attendance" form, then give this form to the VBS office for filing.

