

GCAC Family Vacation Bible Weekend 2019

Family Registration Form

Please [Print clearly](#) and [Include](#) all the information requested.

At least one adult must accompany child(ren) for this workshop.

Adult(s) Name(s) 1) _____

Relationship _____

2) _____

Relationship _____

Child(ren) Name(s) 1) _____ Age _____

2) _____ Age _____

3) _____ Age _____

Nursery age children?(under 5 years) YES or NO (circle one), if yes:

Infant/Toddler Name _____ Age _____

Address: _____

City: _____ Zip Code _____

Parent/Guardian Cell Phone _____

Email _____

How did you hear about our Family VBS? _____

Attend Church? No Yes, Church Name: _____

Emergency Contact Name, Relationship & Phone:

Medical Doctor & Phone:

Medical Restrictions/ Allergies:

Name _____ MR/Allergies _____

Name _____ MR/Allergies _____

Weekend Schedule:

FRI: 5:30pm-8:30pm includes dinner & workshop activities

SAT: 9am-3pm includes mid-morning snack, lunch & workshop activities

SUN: Veterans Service project in a.m.

My family will participate in the Grace Chinese Alliance Family Vacation Bible School. In the event of a medical emergency, I give the person(s) in charge the medical authorization for emergency treatment for my child if I cannot be reached. I understand that GCAC and its staff are not liable for actions taken for any medical emergency. Note: This permission will only be used if the parent/guardian cannot be reached. I give permission to use our photos for non-commercial use.

Parent/ Guardian's Signature: _____ Date _____

Prepaid-registration by July 10th, \$10 per family (\$15 after 7/10)

Thank you for signing up for GCAC Family VBS Weekend.

Please return completed form & enclose check to: GCAC, 1630 Grant Street, Concord, CA 94520

