



# GALACTIC STARVEYORS

SGPC 2017  
VBS Registration  
June 26<sup>th</sup> — 29<sup>th</sup>

## Morning VBS Registration 9 am 12 noon

Fill in names under each age category of those planning to attend.

Child's Information		<i>Volunteers ONLY</i> Nursery Age/ Birthdate (MM/DD/YY)	Preschool (Age 3 by 8/31/17) (Ages 3's, 4's, K5)	Elementary (Grades 1-6) (RISING GRADE for 2017—2018 school year)	T-Shirt Size (\$10 per child)	Friend Request (only 1 request per child)
<b>1.</b> Name	DOB					
Grade 2017/2018	Gender					
<b>2.</b> Name	DOB					
Grade 2017/2018	Gender					
<b>3.</b> Name	DOB					
Grade 2017/2018	Gender					

## Evening VBS Registration 6:30 8 pm

Fill in names under each age category of those planning to attend.

Adults	Youth (indicate 2017/2018 grade)	Elementary (Grades 1-6) (RISING GRADE for 2017—2018 school year) (MM/DD/YY)	Preschool (Age 3 by 8/31/17) (Ages 3's, 4's, K5)	Nursery Age/ Birthdate	T-Shirt Size (\$10)
<b>Dinner Reservations</b> <i>Served Mon-Thurs 5:45-6:30 pm</i> <i>Cost-\$3/person \$10/family - per day</i>		<b>Monday</b> Adults ____ Kids ____	<b>Tuesday</b> Adults ____ Kids ____	<b>Wednesday</b> Adults ____ Kids ____	<b>Thursday</b> Adults ____ Kids ____

See reverse side for more important registration details!

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_

Dismissal Code Word \_\_\_\_\_ Person Responsible for Picking up child \_\_\_\_\_

*(code word parents give to teacher for dismissal)*

Parent's Names \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Will your child attend Saxe Gotha Pres Child Development Center (for Summer 2017) \_\_\_\_\_ Allergies \_\_\_\_\_

Please share any information about your child you feel we need to be aware of \_\_\_\_\_

1. Are you a member of Saxe Gotha? Y / N If not, where do you attend church? \_\_\_\_\_

2. Are parents available to help during VBS? Y / N If yes, shirt size? (\$10) \_\_\_\_\_

- Emergency Medical Consent: *In the unlikely event of an emergency and I cannot be reached, I give permission to the VBS Nurse or Director to secure and administer treatment, including transportation and hospitalization for the child listed above.*
- Consent to go off campus: *I give permission for my 6th grade child listed above to go offsite with SGPC VBS volunteer staff for the purpose of participating in extra-curricular activities and performing service projects relating to the VBS program.*
- Consent to photograph child: *I give permission for my child to be photographed and possibly published in church publications or on website.*

Parent/Guardian Signature for release \_\_\_\_\_ Date \_\_\_\_\_