蓋城華人宣道會暑期聖經學校
GCAC VBS 2012 - Info & Registration

Gaithersburg Chinese Alliance Church
13101 Darnestown Road, Gaithersburg, MD 20878
Mail-in registration to GCAC-VBS is acceptable

Date: 6/18/12 - 6/22/12 **Age:** 3 years old by end of May – current 5th grade
Time: 6:15PM – 9:30PM
Cost: $10 per child *(payable to* **GCAC**)
Deadline: 6/10/2012 (Please turn your forms into Doris Wang)
Contact: 240-418-9408::: kzhan1@gmail.com ::: *(limited space, first come first serve)*

(Please keep this portion for your information)

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(Please turn this portion in for the registration)

Student's Name: _____ _____
First Last

Birthdate _____ (mm/dd/yyyy) Current Grade / Age by end of May _____G /___ yrs

Address:_____ City:_____ State:_____ Zip:_____

Parent's Name: _____ _____
First Last

Home phone:_ _____Cell phone:_ _____ Email:_ _____

Name of home church, if any_____

In case of emergency, contact _____ Home: _____Cell: _____

As the parent / guardian of the above child, I am giving him / her permission to participate in VBS at Gaithersburg Chinese Alliance Church and events associated therein. By signing, I also herewith authorize treatment in the event of a medical emergency.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby released the church from any liability therefore.

This registration & release form is completed and signed of my own free will with the sole purpose of registration and authorizing medical treatment under emergency circumstances during the VBS week.

_____
Parent / Guardian Signature

Family Physician: _____ Physician Phone: _____

Allergies or other medical conditions:_____

Medical allergies or chronic illnesses including dust/pollen/hay fever: _____

Food allergies (check all that apply): ___Peanuts/nuts ___Seafood ___Milk products ___Eggs

___ Others (Specify)____ _____