

**蓋城華人宣道會暑期聖經學校**  
**Gaithersburg Chinese Alliance Church (GCAC)**  
**Vacation Bible School (VBS)2013 Information and Registration**



GCAC Proudly Presents Gospel Light's SonWest Roundup VBS 2013!  
 Come and learn about Jesus through songs, crafts, bible stories, games, and more!  
 We will be listening to the old testament stories of Moses to discover God's ultimate plan of salvation in Jesus, because...  
 "Jesus Christ is the same yesterday and today and forever!" (Hebrews 13:8)



**Date:** 6/24/13 - 6/28/13      **Age:** 3 yrs old by end of May – current 5th grade  
**Time:** 6:15PM – 9:30PM      **Deadline:** 6/18/2013  
**Cost:** \$10 per child (payable to GCAC)      (limited space, first come first serve)  
**Contacts:** Kevin: 240-418-9408::: [kzhan1@gmail.com](mailto:kzhan1@gmail.com) ::: \*You may also fax or mail registration forms attn: GCAC-VBS\*  
 Jenny: 301-502-5240::: [Serena922@aol.com](mailto:Serena922@aol.com) :::



Gaithersburg Chinese Alliance Church  
 13101 Darnestown Road, Gaithersburg, MD 20878  
 Phone: (301)869-8343 Fax: (301)330-6356



(Please keep this portion for your information)  
 -----  
 (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: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please indicate any allergies (medical and/or food) or chronic illnesses, special needs, including dust/pollen/hay fever and any current medications being used:

\_\_\_Peanuts/nuts    \_\_\_Seafood    \_\_\_Milk products    \_\_\_Eggs    \_\_\_Others (Specify) \_\_\_\_\_

**In case of emergency and parent/legal guardian is not available, contact:**

**Name:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

As the parent / guardian of the above child, I am giving him/her permission to participate in VBS at GCAC and events associated therein. I release GCAC and any leaders involved in VBS in the event of an accident during VBS. 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, authorizing medical treatment under emergency circumstances, and releasing GCAC of any liabilities during the VBS week.

\_\_\_\_\_ (Parent / Guardian Signature) \_\_\_\_\_ (Date)

Plan to attend FREE parenting seminars: 5-Days \_\_\_\_ or Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thu \_\_\_\_ Fri \_\_\_\_

Name of home church, if any \_\_\_\_\_