

蓋城華人宣道會暑期聖經學校
Gaithersburg Chinese Alliance Church (GCAC)
Vacation Bible School (VBS) 2014 Information and Registration



GCAC Proudly Presents Standard Publishing's
Jungle Safari VBS 2014!

Come and learn about God through songs, crafts,
 bible stories, games, and more! We will be knowing what's so great about God and
 exploring the nature of God through our theme verse Psalm 86: 9-12
(All the nations you have made will come and ...I will glorify your name forever.)
 Through Old and New Testament Bible stories kids will learn that God is
CREATOR, PROVIDER, PROTECTOR, SAVIOR, and KING!!



Date: 6/16/14 - 6/20/14	Age: 3 yrs by end of May – current 5th gr.
Time: 6:15PM – 9:30PM	Deadline: 6/10/2014
Cost: \$10 per child (payable to GCAC)	<i>(limited space, first come first serve)</i>
Contacts: Jenny: 301-502-5240:: Serena922@aol.com ::	*You may also fax or mail registration
Sylvia: 301-452-8178:: wsjkmw@yahoo.com ::	forms attn: GCAC-VBS*

Gaithersburg Chinese Alliance Church, 13101 Darnestown Road, Gaithersburg, MD 2087, 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) _____

Birth date _____ (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 _____