



Student Registration Form

Granville Ecumenical Vacation Bible School

June 4 – 8, 2018

9:00am to Noon

Centenary UMC - First Presbyterian - St. Edwards - St. Luke's - United Church of Granville

Student Registration

No registration after May 13

March 18 - May 6 Early registration \$25 per child/\$50 family cap
May 7 - May 13 *****Last week to register***** \$30 per child

Financial assistance available, contact Cathy Minks, CUMC 740-587-0022

Please complete one registration per child. VBS is for children 4 years old by Sept 30, 2018 to **entering** grade 6.

Please enter information based on the grade your child will be **entering** fall of **2018** school year.

Name of Student _____

Date of Birth _____ Age _____

Current Grade _____ Grade **Entering - Fall 2018** Gender _____

Parent/ Guardian _____

Address _____

City _____ Zip _____

Primary Phone # _____ Other Phone # _____

Email Address: _____



Dismissal Information

Persons other than parent/guardian authorized to pick up your child from VBS:

Questions can be directed to: Registrar Kristen Gilbert
Phone Number: 740-920-4078
Email: kgilbert740@yahoo.com

Emergency Medical Information

Please explain *in detail* any special needs, food allergies or medical conditions of which we need to be aware. Include symptoms to watch for, actions to be taken, specific instructions for the administration of any needed medications (including epi-pens), and follow-up procedures.

Child's Physician _____ Phone _____

Emergency Release

Granville Ecumenical VBS has a volunteer nurse each morning to help us provide the safest environment for all participants. Every effort will be made to notify parents of any concerns. However, if there should be a need for medical care and we are not able to reach the parent, and the incident is beyond the scope of our nurse, we want to access the care needed through our Granville Fire Department and Emergency Squad.

Please complete one of the following:

- A. As the parent /guardian **I GIVE** consent to transport my child to Licking Memorial Hospital or a facility recommended by the Granville Fire Department for treatment.

Signature _____ Date _____

OR

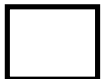
- B. As the parent / guardian **I DO NOT GIVE** my consent to transport my child to Licking Memorial Hospital for emergency treatment.

Signature _____ Date _____

Others to notify if we cannot reach a parent:

Name Relationship Phone _____

Name Relationship Phone _____



PLEASE CHECK THIS BOX IF ***YOU DO NOT*** GIVE PERMISSION TO PHOTOGRAPH YOUR CHILD, for use by Granville Ecumenical VBS