

# Paul and the Underground Church

GRACE BIBLE FELLOWSHIP CHURCH  
100 E. Beil Avenue, Nazareth, PA 18064  
(610) 759-7036

## **PERSONAL INFORMATION:**

Student's Name \_\_\_\_\_

Student's Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Alternate person to be notified in case of emergency/early dismissal \_\_\_\_\_

Emergency Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Person(s) authorized to pick up student at close of VBS each day \_\_\_\_\_

Do you presently attend church? \_\_\_\_\_ Name of church \_\_\_\_\_

## **MEDICAL INFORMATION:**

Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies \_\_\_\_\_

Other medical information/limitations \_\_\_\_\_

## **CONSENT:**

My son/daughter has permission to participate in the planned activities of the Vacation Bible School Program of Grace Bible Fellowship Church, 100 E. Beil Avenue, Nazareth, PA 18064 during the week of July 6<sup>th</sup> – 10<sup>th</sup>, 2009. I consider my son/daughter to be physically fit and able to participate in the activities (including swimming for grades 1-8). I agree not to hold Grace Bible Fellowship Church, the Vacation Bible School staff, or anyone accompanying the group responsible for any accidental injury to the above named child/young person. By signing below, I agree to the above and permit Grace Bible Fellowship Church to use photographs taken of my child at VBS in any publication, advertisement, or other display.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*How did you find out about our Vacation Bible School?*

\_\_\_ Church      \_\_\_ Friend/Family      \_\_\_ Mailing      \_\_\_ Poster

\_\_\_ Newspaper      \_\_\_ Radio Station      Other: \_\_\_\_\_