

**“G-Force” Registration Form**  
**ECUMENICAL VACATION BIBLE SCHOOL**  
**August 3-7, 2015**



**Location:** Our Lady of Grace Church  
73 Midline Rd, Ballston Lake, NY 12019

**August 3<sup>rd</sup> – August 7<sup>th</sup>**  
**from 8:45am – 12:30pm for Grades K-6**

**Registration Fee: \$20 per child (\$60 family maximum)**  
**REGISTRATION DEADLINE: July 25<sup>th</sup>, 2014**

Child's Name (#1) \_\_\_\_\_ Grade Entering \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name (#2) \_\_\_\_\_ Grade Entering \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name (#3) \_\_\_\_\_ Grade Entering \_\_\_\_\_ Age: \_\_\_\_\_

***Please list any known allergies or special needs that the VBS Staff should be made aware of:***

**By registering your child, you are agreeing to allow photos of your child to be taken for promotional use.**

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Best Daytime Phone: \_\_\_\_\_ Home Congregation: \_\_\_\_\_

Email Address (regular updates will be sent): \_\_\_\_\_

**In case of emergency (when parent/guardian cannot be reached) please contact:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**In addition to parent(s) listed above, list all other adults who are authorized to pick up child.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Return this form along with registration fee to the Our Lady of Grace Church Office or mail to:  
Grace Fay, VBS Director, Our Lady of Grace Church, 73 Midline Rd, Ballston Lake, NY 12019  
\*Checks Payable to Burnt Hills Inter Church Council\***

**G- Force Vacation Bible School Affiliates:** Good Shepherd Lutheran, Our Lady of Grace, Immaculate Conception, Burnt Hills Baptist, Burnt Hills United Methodist, Charlton Freehold, East Glenville, Community, St. Andrew Episcopal Missionary and Calvary Episcopal Churches.