



New Grace Apostolic Temple
2898 Packard Road, Ann Arbor, 48108
Suffragan Bishop Avery Dumas, III - PASTOR
(734) 477-6888

Hello,

Thank you for your interest in attending New Grace's 2018 Vacation Bible School (VBS)!

This document contains:

- 1) VBS registration form
- 2) Van permission form

Below are key points to make your registration complete.

- Please complete (print) all information on the registration form(s).
- Return one form per child.
- Make sure the form(s) is signed.
- Transportation is available for those attending the full week's activities and is on a first come, first served basis. If transportation is needed, please complete the Van Permission form. This form must be returned with the registration form.

The form(s) can be returned by one of the following methods on or before July 1st:

1. Mail:
New Grace Apostolic Temple
2898 Packard Road
Ann Arbor, MI. 48108
Attn: Christian Education Association
2. Download at <http://www.newgrace.org/2018vbs>, scan and e-mail to: diane.shipman@newgrace.org
3. Complete online at bit.ly/ngatvbs.

For questions or more information, please leave a message at 734-477-6888, ext. 223 and someone from Christian Education will contact you as soon as possible. Thank you.

We look forward to seeing you!



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VACATION BIBLE SCHOOL (VBS) 2018

Jesus the Kingdom Builder

Strong Families, Churches & Communities

Monday, July 16 — Friday, July 20

9:30 a.m.—12:30 p.m.

For Students Entering 1st Through 12th Grades!

Vacation Bible School Registration Form

(One form per student please)

Name: _____

Address: _____

City: _____ Zip Code: _____

Age: _____ Grade Completed: _____

Emergency Contact: _____

Home Number: _____ Parent/Guardian Cell Number: _____

Allergies/Restrictions: _____

Transportation Needed? Y N (If yes, see van permission form on following page. Van permission form must be returned with registration form.)

Students under 18 years old:

Name of Parent/Guardian: _____

Daytime phone: _____

Person bringing student: _____

Person picking up student: _____

If a person, not listed above, will pick up student, it is the parent's responsibility to call and alert New Grace Apostolic Temple.

Parent/Guardian Signature: _____

Date: _____

Questions or need more information? Leave a message at 734-477-6888, ext. 223.



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CHURCH VAN PERMISSION FORM FOR VBS, JULY 16-20, 2018

Rider: _____ M / F Birthday ____/____/____ Age ____

Parent/Guardian name(s): _____

Address: _____ City/Zip: _____

Home phone: _____ Cell phone: _____

Emergency contact person: _____ Relationship to rider: _____

Home phone: _____ Cell phone: _____

Medical Information:

Medications/Prescription Drugs:

(Please list all allergies below)

Food Allergies: _____

Insect Allergies: _____ Wears contact lenses?: Y or N

Family Doctor: _____ Telephone: _____

Hospital or Clinic: _____ Telephone: _____

Dentist: _____ Telephone: _____

Please list any health problems and/ or disorders that could possibly produce an emergency situation. Include conditions such as Diabetes, seizures, heart disease, severe nosebleeds, special blood conditions, etc.:

This form certifies that my child has my permission to ride the New Grace Apostolic Temple van to attend Sunday School and/or church activities, including Vacation Bible School. I also give my consent for medical treatment to be administered to my child, if it is deemed advisable by the medical physician on duty in the emergency room. It is my understanding that all ambulance fees will be the responsibility of the parent or guardian. I understand that all necessary care will be given to my child, and I will not hold New Grace Apostolic Temple liable, should an accident occur.

Parent/Guardian's Signature: _____ Date: ____/____/____

Questions or need more information? Leave a message at 734-477-6888, ext. 223.