

# VACATION BIBLE SCHOOL

at Grace Community Church

**JUNE 27-July 1, 2022**

**9:00AM-11:30AM**



**REGISTER TODAY!**

**AGES: 4 YEARS THROUGH 5TH GRADE**

**COST: \$35 FOR ONE CHILD OR \$50 PER FAMILY**

**DAYS: MONDAY-FRIDAY FROM 9:00AM-11:30AM**

Please register your child(ren) at [www.gracemarlehead.org/vbs](http://www.gracemarlehead.org/vbs) or by completing the attached form and mailing with payment. Form may be copied if registering more than one child.

Confirmation will be sent via email. Please notify if not received.

## - JOIN THE FUN -

LET'S GO OFF-ROAD THROUGH THE GREAT SOUTHWEST

### MONUMENTAL CELEBRATING GOD'S GREATNESS

BE ON THE LOOKOUT FOR SOME EYE-CATCHING CACTI AND COLOSSAL ROCK FORMATIONS!

MONUMENTAL is a faith-filled adventure where kids will discover GOD'S GREAT POWER! MONUMENTAL BIBLE TRUTHS to learn, SING & PLAY songs, RED ROCK RECREATION, IMAGINATION STATION and OASIS TASTES are just some of the activities your kids will enjoy. By exploring God's awesomeness, kids will form a rock-solid faith for the road ahead!!!

### GET READY FOR AN ADVENTUROUS TREK THROUGH THE DESERT SAND, SUNBAKED TRAILS AND COLORFUL CANYONS!

#### THIS 2022 VBS IS THE ULTIMATE RIDE!

GRACE COMMUNITY CHURCH  
WWW.GRACEMARBLEHEAD.ORG  
EMAIL: VBS@GRACEMARBLEHEAD.ORG  
17 PLEASANT ST | MARBLEHEAD, MA  
(781) 631-9343

## GCC VBS REGISTRATION

Online registration is available at [www.gracemarlehead.org/vbs](http://www.gracemarlehead.org/vbs)  
This form may be copied. Please use one form per child. All fields required.

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CIRCLE CURRENT GRADE:

Pre-K / K / 1 / 2 / 3 / 4 / 5

PARENT NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

By completing this form, I hereby authorize Grace Community Church to use my child's photo on the church's Facebook and/or website. I understand that my child's name and/or age will NOT be published.

Sign here to OPT OUT of media release:

\_\_\_\_\_

# GCC VBS REGISTRATION

Continued from other side. All fields required.

DOCTOR'S NAME AND PHONE:

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PLEASE LIST ALLERGIES OR OTHER  
MEDICAL CONCERNS:

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## MEDICAL & TRAVEL RELEASE

In the event of an emergency where medical treatment is required, I give permission to the church staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency at the phone numbers indicated. I also give my permission to church staff to bring my child outside on church property during snack time (weather permitting).

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PARENT/GUARDIAN SIGNATURE

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DATE

Please send registration forms, along with payment made payable to:  
Grace Community Church  
17 Pleasant St., Marblehead, MA 01945

GRACE COMMUNITY CHURCH  
17 PLEASANT ST  
MARBLEHEAD, MA 01945

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GRACEMARBLEHEAD.ORG/VBS

