



# VBS Registration Form 2019

## August 19-23



|                             |  |                |                        |                       |        |
|-----------------------------|--|----------------|------------------------|-----------------------|--------|
| Child's Name:               |  | Date of Birth: |                        | Age (on Aug 31)       |        |
| Address:                    |  |                |                        | Grade (in Sept. 2019) |        |
| City:                       |  | Postal Code:   |                        | Male                  | Female |
| Parent(s)/Guardian:         |  |                | Relationship to Child: |                       |        |
| Home Phone #:               |  |                | Work / Cell Phone #:   |                       |        |
| Email address:              |  |                |                        |                       |        |
| Family Doctor:              |  |                | Doctor's Phone #:      |                       |        |
| Home Church (if applicable) |  |                | Child's Health Card #: |                       |        |

Names of other Siblings at VBS:

Names of friends your child would like to be in a group with:

|      |     |
|------|-----|
| Name | Age |
| Name | Age |
| Name | Age |

|      |     |
|------|-----|
| Name | Age |
| Name | Age |
| Name | Age |

Please provide information for other individuals in case of emergency and we are unable to contact you.

|      |         |
|------|---------|
| Name | Phone # |
| Name | Phone # |

I give permission for my son/ daughter to walk home. Initial here →

Does your child have any illness, disability, allergies or any medical condition of which our staff should be made aware of? **(circle) NO YES**. If yes, please provide details (use separate sheet if necessary): \_\_\_\_\_

Is your child on any medication? (Please list): \_\_\_\_\_

Are you leaving medication to be administered to your child? **No Yes** If yes, please provide written instructions.

### Medical Statement & Informed Consent:

I understand that in the case of emergency or illness, Grace Church staff will make every effort to contact the child's parents or guardians. In the event that staff cannot contact me, I agree that a qualified medical physician may attend to my child. I hereby release Grace Church, its staff and its volunteers from any and all liability.

Children enrolled in Grace Church VBS may be involved in some of the following activities: running, hiking, water fun, games, crafts, sports, activities in the gymnasium, and using the Grace Church facilities. Throughout the week, VBS staff will also take pictures of the kids participating in various activities. Some of these pictures will be used to promote VBS to our church and/or the community through displays, fliers, DVD, website or other media.

I permit Grace Church to use photos of my child(rens) for the promotion of VBS as described above. Please initial here →

I permit my child's photo to be taken for in-house VBS presentations only. Please initial here →

I hereby give permission for my child to participate in all VBS activities.

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

## VBS Registration Fee: \$15.00 (Aug.19-23, 2019)

Office Use Only: \$15.00      Total Payment \$ \_\_\_\_\_      Rec'd Date : \_\_\_\_\_      Cash Cheque