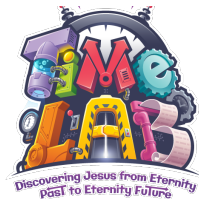


# VBS REGISTRATION FORM 2018



THE POSTED



Family Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Mother's First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Father's First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Church \_\_\_\_\_

How did you hear about VBS? \_\_\_\_\_

**OWN TRANSPORTATION YES NO**

**BUS TRANSPORTATION YES NO**

## Circle a school bus pick up location:

Attersley Public School  
Norman G. Powers Public School  
Sherwood Public School  
Queen Elizabeth Public School  
Dr. Emily Stowe Public School

Clara Hughes Public School  
David Bouchard Public School  
College Hill Public School  
Woodcrest Public School  
Ritson Road Public School



## PHOTOGRAPHS

I give permission for my child's/children's photo to be taken to use in a take home craft and as a part of the DVD slideshow for Friday's Parents' Day Program. **YES NO**

From time to time, photos/videos of the children are taken during the program to use in future internal congregational meetings to celebrate the fun times we have had at VBS (these photos will not be used online or outside of Calvary Baptist Church). Do you give permission for the use of photos for these purposes? **YES NO**

## Grade 6/7/8 only - PHOTO/VIDEO OPT OUT:

We often take pictures at our events to help preserve memories and foster community. We assume the right to use some pictures to help promote an awareness of what goes on in our ministries on our website, Instagram, and in our publications (newsletters, ministry updates and promotions). Please check here if you do NOT want images of your children used in these ways [ ].

## IN CASE OF ACCIDENT ILLNESS OR INJURY while attending V.B.S.

*Every effort will be made to contact parents. It is understood that by permitting my child/ren to attend Vacation Bible School (V.B.S.), I am agreeing that Calvary Baptist Church and anyone acting on its behalf, will be released from any liability for injuries to my child/ren that may be occasioned at the church property, or on the bus. I give permission to the Church Staff, Director and Assistant Director of V.B.S. to make decisions in case of an emergency on behalf of my child/ren when I am not immediately available for consultation.*

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

**COMPLETE REGISTRATION ON BACK**



## Registrants are JK grads (birth year 2013) to Grade 8 grads (birth year 2004)



**Child #1** First and Last Name \_\_\_\_\_

Birthdate Year: \_\_\_\_Month\_\_\_\_Day\_\_\_\_ Gender Girl Boy

Special Needs/Behavioural Challenges/Allergies \_\_\_\_\_

Does allergy require Epi-Pen? Yes No 1:1 Assistance Required/Name of support person\_\_\_\_\_

FRIEND REQUEST- First/Last Name of Friend \_\_\_\_\_ Grade of Friend \_\_\_\_\_

---

**Child #2** First and Last Name \_\_\_\_\_

Birthdate Year: \_\_\_\_Month\_\_\_\_Day\_\_\_\_ Gender Girl Boy

Special Needs/Behavioural Challenges/Allergies \_\_\_\_\_

Does allergy require Epi-Pen? Yes No 1:1 Assistance Required/Name of support person\_\_\_\_\_

FRIEND REQUEST- First/Last Name of Friend \_\_\_\_\_ Grade of Friend \_\_\_\_\_

---

**Child #3** First and Last Name \_\_\_\_\_

Birthdate Year: \_\_\_\_Month\_\_\_\_Day\_\_\_\_ Gender Girl Boy

Special Needs/Behavioural Challenges/Allergies \_\_\_\_\_

Does allergy require Epi-Pen? Yes No 1:1 Assistance Required/Name of support person\_\_\_\_\_

FRIEND REQUEST- First/Last Name of Friend \_\_\_\_\_ Grade of Friend \_\_\_\_\_

---

**Child #4** First and Last Name \_\_\_\_\_

Birthdate Year: \_\_\_\_Month\_\_\_\_Day\_\_\_\_ Gender Girl Boy

Special Needs/Behavioural Challenges/Allergies \_\_\_\_\_

Does allergy require Epi-Pen? Yes No 1:1 Assistance Required/Name of support person\_\_\_\_\_

FRIEND REQUEST- First/Last Name of Friend \_\_\_\_\_ Grade of Friend \_\_\_\_\_

---

**Child #5** First and Last Name \_\_\_\_\_

Birthdate Year: \_\_\_\_Month\_\_\_\_Day\_\_\_\_ Gender Girl Boy

Special Needs/Behavioural Challenges/Allergies \_\_\_\_\_

Does allergy require Epi-Pen? Yes No 1:1 Assistance Required/Name of support person\_\_\_\_\_

FRIEND REQUEST- First/Last Name of Friend \_\_\_\_\_ Grade of Friend \_\_\_\_\_