



VBS REGISTRATION FORM

(July 8 - 12, 2019)



THE POSTED

Family Name _____

Mother's Name _____ Father's Name _____
First Last First Last

Address: (Apt. # _____) Street _____ City _____

Postal Code: _____ Home Phone: _____

Parent's email address: _____ or _____

Business Phones: Mother: _____ Father: _____

Cell Phones: Mother: _____ Father: _____

Other emergency numbers (i.e. relatives) _____

Home Church _____ How did you hear about VBS? _____

OWN TRANSPORTATION YES NO BUS TRANSPORTATION YES NO

Circle a school bus pick up location:

Clara Hughes Public School
Norman G. Powers Public School
Sherwood Public School

Dr. Emily Stowe Public School
David Bouchard Public School
Queen Elizabeth 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 2014) to Grade 8 grads (birth year 2005)

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 _____