

VBS Registration Form (2019)

Dates: Monday 26 August to Friday 30 August from 9:00 am to 12:15 pm daily

Print off form and fill out, then scan & E-mail to Grace.VBS@hotmail.com

PLEASE PRINT CLEARLY



CHILD PARTICIPATING

Name: _____ Male/Female (Circle one)

Age : _____ Date of Birth: _____ Last Grade completed _____
Day Month Year

Home Address _____

Home Phone _____

Medical Conditions/Allergies _____

Dietary Restrictions: _____

List any conditions, emotional, physical, mental, behavioural or other limitations: _____

What medication is he/she bringing? _____

PARENT/GUARDIAN INFORMATION

Mother: _____ Father: _____

Home Address: _____
if same as child write "Same"

Phone Number: _____ Cell Number: _____

E-mail address: _____

Emergency Contact (Name): _____

Phone: _____ Relationship to Child: _____

AUTHORIZED drop-off/pick-up person: _____

I (we) do/do not (please circle) give permission for _____ to be photographed participating in VBS activities and for this photo to be used in Grace Baptist Church of Ottawa promotional material.

Signed: _____ Date _____