



VBS 2017 Registration Form

Child's Name: _____

Grade in September: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent/Guardian: _____

Phone Number:

(Home) _____ (Cell) _____ (Work) _____

Parent/Guardian: _____

Phone Number:

(Home) _____ (Cell) _____ (Work) _____

My Home Church (if applicable): _____

Other participants my child would like to be grouped with: _____

Registration Fee:

Early Bird Registration of \$85.00 per child (**before June 30, 2017**)

Regular cost of \$95.00

I need the before and after care for \$5.00 per child per day for _____ days.*

Daily Rate of \$30.00 per child for Mon ___ Tue ___ Wed ___ Thu ___ Fri ___

*Before care drop off begins at **8:00 am**; after care pick up is at **5:30 pm**.

Please make cheques payable to Grace Baptist Church.

This cost is non-refundable.

Payment must accompany this form in order to register your child.



Consent and Medical Release Form

Does your child have any allergies? YES NO

If yes, please explain: _____

Is your child bringing any medication with them? YES NO

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES NO

If yes, please explain: _____

Alberta Health Care Number: _____

Emergency Contact: _____ Phone Number: () _____

Relationship: _____

I, the parent or legal guardian of the above child, allow him/her to attend MAKER FUN FACTORY VBS on the week of July 17-21, 2017. Precautions are taken for the safety and health of every child, but in the event of accident or sickness, Grace Baptist Church, its staff, and its volunteers are hereby released from any liability. In the event that a child requires special medication, x-ray or treatment, the parents/guardians will be notified immediately. I hereby authorize a staff member or volunteer from Grace Baptist Church to seek and obtain such emergency or medical services for my child as deemed necessary at the time.

Parent/Guardian: I have read, understood, and agree with the above statement.

Signature: _____ **Date:** _____

I give permission for photographs or video to be taken of my child at the Day Camp for purposes deemed appropriate by Grace Baptist Church. This consent and authorization is effective only when participating in or traveling for events of the MAKER FUN FACTORY VBS of Grace Baptist Church.

Parent/Guardian: I have read, understood, and agree with the above statement.

Signature: _____ **Date:** _____