

VBS REGISTRATION FORM 2022



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? _____

COST

The cost of VBS is a flat rate of 5 dollars per child.

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 internal 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 2017) to Grade 8 grads (birth year 2008)

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 _____