



Brooklin United Church
Vacation Bible School 2019
Monday, July 15 to Friday, July 19, 9:00 am - 11:30 am
Ages 4-11

Registration Form

*Registration Fee is \$25 per child per week (or \$6 per day)
\$35 per family per week or (\$8 per day)

REGISTER BEFORE **JULY 12** AS SPACE IS LIMITED!

Child's Name: _____ Family Name _____

Address: _____

Town: _____ Postal Code: _____

Phone: _____ e-mail address: _____

Birth Date (D/M/Y): _____ Age: _____

Parent # 1 First Name: _____ Parent #1 Phone: _____

Parent #2 First Name: _____ Parent #2 Phone: _____

Emergency Contact Name: _____

Telephone #: _____

Home Church: _____

Child's OHIP #: _____

Dr.'s Name & Telephone: _____

Food Allergies (be specific): _____

Special instructions (re: behaviour/reactions/interactions with other children/gym-sports/concerns)

Medical Consent

We, the parent's of _____ hereby give permission to the superintendent/teacher/volunteer, should it become necessary for our child to have medical care. I give permission for the above mentioned to use his/her best judgment in obtaining medical services for our child(ren). We understand that any cost will be our responsibility and that in the event of illness or accident, we will be notified as soon as possible.

Signature of Parent/Guardian _____ Date: _____

I hereby give the minister/superintendent/teacher/volunteer permission for:

My child's work to be released by Brooklin United Church in displays or media promotion school programs or student achievement. **Yes No**

My child's visual likeness (ie. photograph, videos, etc.) in Brooklin United Church displays or media promoting church school programs or student achievement, or media released by Brooklin United Church for curriculum or professional development. **Yes No**

I give my permission for my child to be involved in neighborhood excursions under teacher supervision.

I give my permission for my name and phone number to be used by Brooklin United Church phoning committee for the purpose of sharing other church event information.

Signature of Parent/Guardian _____ Date: _____