



Vacation Bible School

August 16-20, 2010

9:00am - 12 noon

Registration Form

Child's Name: _____ Sex: M F

Birthday: _____ Age: _____

Grade Fall 2010: _____

Allergies or other medical conditions: _____

Medications currently being used: _____

Present School: _____

Name of a special friend I will be bringing to VBS: _____

Child's Name: _____ Sex: M F

Birthday: _____ Age: _____

Grade Fall 2010: _____

Allergies or other medical conditions: _____

Medications currently being used: _____

Present School: _____

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Grade Fall 2010: _____

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Medications currently being used: _____

Present School: _____

Name of a special friend I will be bringing to VBS: _____

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Family Address: _____

City: _____ Postal Code: _____

Parent or Guardian: _____

Home telephone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Home Church: _____

Family Physician: _____

Protecting Your Personal Information

Your child's health information is collected in case of a health emergency and to ensure the safety and well-being of each person involved in our Vacation Bible School. This information will only be seen by our staff and will be kept in a secure place.

Medical and Photography Authorization:

I hereby authorize the staff of North Edmonton Alliance Church & Steele Heights Baptist Church Bible Vacation Bible School to make any and all decisions regarding the emergency treatment of my child(ren). I also understand they retain the right to use for publicity and advertising purposes, photographs of children taken at Vacation Bible School. Child's names will not be used with photos.

I _____ parent/guardian have read, understand, and agree with the above and hereby release and discharge all parties associated with this Vacation Bible School from any and all claims, demands, actions, and cause of action that I/my child (ren) incurs.

Signature: (Parent/Guardian) _____ Date: _____

No Registration fee!

(Donations may be made by cash or cheque payable to: North Edmonton Alliance Church or Steele Heights Baptist Church)