

2019 VBS REGISTRATION FORM THEME: CITY ON A HILL

Child's Name:	boy / girl (circle one)
First Time at VBS? Yes / No	
Birth Date:	Last Grade completed:
Siblings attending VBS (names	and ages):
Circle the days your child will a	attend (this is flexible, it is just to help us prepare better each
day): Mon (24 th) / Tues(25th)	/ Wed(26th) / Thurs(27th) / Fri(28th)
**Last minute registrations and	walk-ons will be accepted at any time.
Alberta Health Care #:	
Doctor's Name:	
Allergies (specific drugs, certai	in foods, insect stings, hay fever) and Reactions, specify:
Carries Epi pen? Yes / No (
Carries Ana kit? Yes / No (cir	
Other Health/Medical/Dietary (Concerns:
Medication Taken (list reason,	dosage, storage, potential side effects and treatment of such):
Name of Parents/Guardians:	
Home Phone: ()	Cell Phone: ()
)
	City:
	Address:
	/BS information will be sent by email)
Other than the parents/guardian	is listed above, child may be picked up by:

Emergency Contact Name:		
Relationship:	_ Phone #: ()	

INSURANCE DISCLAIMER

PHOTO/VIDEO RELEASE 2019		
I,, parent/guardian of	give	
VBS leaders permission to photograph/film the minor designated above for any lawful purp	ose	
associated with this VBS program.		
Signature of Parent/Guardian:		
Date:		

At Bethel Evangelical Missionary Church (702 Centre Street in Hanna)

Tuesday, July 2nd to Saturday July 6th 9:00am - 12:00pm.

-Family BBQ on Friday, July 6th. Parents are welcome to attend all or part of the morning activities with a BBQ to follow.

-VBS IS FOR CHILDREN IN KINDERGARTEN THROUGH ENTERING GRADE 6

*Please see our FB Page @BEMCHanna or call Lisa Campion (403)-854-4714 for more info.

REGISTRATION FORMS CAN BE MAILED TO:

VBS 2019 Box 572 Hanna, AB , T0J 1P0 OR

Send a scanned image of the completed form to <u>bcleischner@netago.ca</u>, please bring the original signed copy with you to VBS, we will need it for our records.