



Melville Presbyterian Church

Vacation Bible School 2017

August 14-18, 2017

8:55 am – 12 noon

Please fill out one sheet for each child you are registering

There is a registration limit of 20 children for the JK/SK program

Child's Name: _____

Date of birth (M/D/Y): _____ Health Card #: _____

Food allergies or health issues? YES _____ NO _____

If yes, details: _____

Note: Children with food allergies: Please bring own snacks daily!

My older child (Grades 7 and up) would like to be a Youth Helper in:

(Choose 1): Crafts _____ Games _____ Crew Leader _____ JK/SK _____

There will be a Youth Helper Training Session on Sunday, August 13th at 11:00 am, please plan to attend

_____ If you play an instrument and would like to play during VBS, please let us know

Parent/Guardian(s) Name(s): _____ Phone: _____

Parent/Guardian's email: _____

Address: _____

City: _____ Postal Code: _____

Photo/Video Release

Images of my child(ren), captured during Melville Presbyterian Church's Vacation Bible School activities will only be used as part of video presentations during VBS activities and Celebration Sunday as well as on www.melvillechurch.ca, Melville Church's Facebook page or any Melville Presbyterian Church-related publications for promotion and/or commemoration of events. Melville Church holds any rights of compensation or ownership thereto. _____ (Parent initials)

In case of emergency, if I can't be reached, I give my permission to contact:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

All reasonable precautions for the safety and health of the participant will be taken. Child will be properly supervised in activities. In the event of accident or sickness, Melville Presbyterian Church, its staff and volunteers are released from any liability. _____ (Parent Initials)

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact the parents (or emergency contact) should such a situation occur.

_____ (Parent Initials)

Parent/Guardian Signature: _____ Date: _____

Adult Volunteer: When can you help us? _____ M _____ T _____ W _____ Th _____ F

Donations will gladly be accepted to help cover costs

Melville Presbyterian Church 70 Old Kingston Road, West Hill, ON, M1E 3J5