



Monday July 17 – Friday July 21, 2017

9:00 am to 12:00 noon

Open to all children entering Sr Kindergarten through to those entering Grade 6 in September 2017

Registration will open on April 2nd, 2017

\$10 administration fee per child – submit with completed form to confirm registration

Child's Name	Date of Birth	Grade going into Sept 2017	Male/Female	Allergies? Y/N (if yes indicate below)

Address (include city and postal code)

Phone Number _____

Mother's Name and contact # _____

Father's Name and contact # _____

In case of an emergency, contact name _____

Relationship to child and contact # _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?

Yes

No

If yes, please explain:

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Grandview Baptist Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Grandview Baptist Church, as well as consent to any medical treatment authorized by the supervising individuals representing Grandview Baptist Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Grandview Baptist Church.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- Brochures/Promotional material Pictures within the church
 Website Newsletters
 Videotaping

Email Consent

We will be communicating further details about VBS in the weeks to come. Due to government regulations we require your consent in order to send these emails to you.

- Yes, I give consent
 No, I do not give consent

Email address: _____

I want to receive future emails from Grandview Church or Grandview Kids about other events/activities taking place.

Purposes and Extent

Grandview Baptist Church is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your Child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Grandview Baptist Church to limit the information collected please contact us.

I have read, understood and agree with the above.

Legal Guardian Name (please print) _____

Signature _____ Date _____

Home Church (if applicable) _____

How did you hear about this program? _____

**** Please indicate how many people (adults, children and registered children) will be attending the free Friday BBQ lunch at 12:00 noon _____**