

Spruce Grove Alliance Church, 250 Century Road
VBS 2010 Registration



Last name: _____ First Name: _____ M _____ F _____

Address (with postal code): _____ E-MAIL _____

Age: _____ School Grade as of September/10 _____ Parents/Guardians: _____

Child's Date of Birth: _____ School Child Attends _____ Home Phone # _____

EMERGENCY NUMBERS:

1. Emergency Contact Name: _____ Phone: _____ Relationship: _____

2. Emergency Contact Name: _____ Phone: _____ Relationship: _____

Health Care Number: _____ Family Doctor: _____

Allergies: _____

PLEASE LIST SPECIAL NEEDS (Down's Syndrome, Tourettes, FASD, Epilepsy, etc.) _____

I would be interested in volunteering at VBS _____

Your child will be cared for as if he/she was our child: it is understood that caution will be taken by the persons in charge to prevent injury but neither those in charge nor the church will be held responsible in the case of an accident.

Still photos and videos will be taken periodically during VBS but only used for purposes of promoting the ministries of the church
Signing below will indicate your permission to take photos and/or videos of your child unless you request that we not take footage of your child.

Parent Signature: _____ Date: _____

For Office Use Only

PAID (circle one) Yes / No

METHOD (circle one) Cash Debit Check Visa MasterCard