

Paid: _____ \$ or Cheque #: _____
 CD: _____ Shirt Size: _____ Rc'd: _____
 Custody: _____ Medical: _____
 NO Photos: _____ Notes: _____
For Office Use Only

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SONQUEST RAINFOREST 2010 REGISTRATION FORM

NOTE: Be sure to complete both FRONT & BACK of Application!

August 9 – 13, 2010 @ 9:30 am - 12:00 pm

VBS FEE = \$15.00 per child (\$40.00 for 3 or more children from same immediate family.)

Each FAMILY that has **REGISTERED & PAID IN FULL**
by July 29th will receive a **FREE CD** of VBS Songs!

(After July 29th- CDs can be purchased for \$3.00)

Registration Fee includes T-Shirt and the Family BBQ on Friday evening.

FAMILY NAME: _____ DATE: _____
(mm/dd/yy)

Name(s) of Child(ren) registering:

First Name <small>(Please include LAST NAME if different from FAMILY NAME.)</small>	Birth Date <small>(mm/dd/yy)</small>	Gender	Grade <small>(Fall '10)</small>	Health Card # <small>(Include Version Code)</small>	T-Shirt Size

Address: _____
(Number & Street) (P.O. Box) (City) (Postal Code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

LIVING ARRANGEMENTS

My child(ren) lives with... _____
i.e. Mother (Sarah Wilson) & Father (Bill Wilson) – Please include adult's names.

My child(ren) will be picked up from camp by... _____
Please give name and relationship to child(ren).

If there are special custody arrangements of which we should be aware, please indicate these on the reverse of this paper. All information will be kept in strictest confidence.

IN CASE OF AN EMERGENCY

Contact's Name & Relationship to Child: _____

Contact's Phone Number(s): _____

MEDICAL INFORMATION

If your child(ren) has any known allergies, special needs, dietary restrictions, or medical concerns, list this information below. Please be sure to indicate the name(s) of the child(ren).

MEDICAL WAIVER

I/We understand that King Bible Church will make every effort to provide for the safety and health of my child(ren). However, in the event of an accident or illness of my child(ren), I/we authorize the administration of any first aid treatment necessary. In the event of a medical emergency, I/we give permission to the physician selected by leadership. I/We understand that every effort will be made by King Bible Church to contact the parents/guardians before such action is taken. I hereby release King Bible Church from any liability.

Signature of Parent or Guardian _____

PERMISSION FOR USE OF PHOTOS

I give permission for King Bible Church to use any photos taken of my child(ren) for the specific purpose of Vacation Bible School promotion.

Signature of Parent or Guardian _____

SPECIAL CUSTODY ARRANGEMENTS

If there are special custody arrangements of which we should be aware, please indicate these below. All information will be kept in strictest confidence.

Registration Forms/VBS Fees may be mailed, faxed, or dropped off in person. Cheques are payable to "KING BIBLE CHURCH".	
CHURCH OFFICE HOURS	CHURCH MAILING ADDRESS
Tuesday's & Thursday's 9:00 a.m. to 3:30 p.m. Phone: 905-833-5104 Fax: 905-833-5481 Email: lisa@kingbiblechurch.com	King Bible Church 1555 King Road King City, Ontario L7B 1L4 <u>Attention: VBS REGISTRATION</u>