

Information Page about VBS 2019

“Confidential Information” Haliburton United Church
705 457 1891
10 George St. Haliburton

VBS - 2019

Registration Form

Date: July 8-12, 2019, from 9 am – noon.

Where: Haliburton United Church Fellowship Room

Age of Children – 4 to 10 (registered for JK 2019 and up)
Cost is \$5.00 per child per week – due on registration – cash or cheque.

Make cheques out to Haliburton United Church

Mail to Box 281, Haliburton, K0M 1S0

Or bring in to the church or put in church mailbox.

Please use a separate form for each child registered.

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Registration Form

Name of Child _____

Gender _____

Birth Date _____

Age _____

Grade as of Sept. 1, 2019 _____

Child's Health Card Number

Name of Parent or Guardian

Phone: _____

Address: _____

Email: _____

The safety of the children is one of the primary concerns of our VBS program.

During program hours, we endeavour to maintain the highest possible standards to ensure children in our care are safe; therefore, at the end of the program each day, the children will only be returned to the person designated by the parent or guardian.

Designated pick-up person(s):

Phone:

Name of Child _____

Alternate Emergency Contact

Phone: _____

We are committed to meeting the individual needs of each child to facilitate their full participation our program. **Please identify any issues**, medical (including allergies) or otherwise, about which our staff should be made aware:

We are planning on having the children outside for active games. Please make sure your child has a **hat and proper running shoes**. If you would like **sunscreen** applied on your child, please label it and send it with your child. Also send water in **properly labeled containers**. (We have good water and can refill as needed.)

CONSENT AND WAIVER OF LIABILITY

I (we) give permission for _____ (child's name) to attend the VBS program at Haliburton United Church – 10 George St. I understand that while all reasonable precautions will be taken, Haliburton United Church will not be held responsible in any way for illness or injuries sustained by my child as a result of his/her participation in the VBS program.

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff of this VBS to secure the services of a licensed physician to provide the care necessary for my child's well-being.

Signed: _____ Date: _____

Name of Child _____

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CONSENT FOR PHOTOGRAPHS

We would like permission to use pictures taken during our VBS for use in our church services and possibly during our presentation on Friday (end of the VBS week). They will not be used in any other manner.

Yes I give permission for these photos to be taken and used in this manner.

Signed: _____ Date: _____

Please use the rest of this form to tell us anything additional we may need to know about your child.

Office Use Only

Paid – cheque or cash ----- accepted by ----- Date: ---
