

## Registration Form - V.B.S. - Summer 2018

Form updated April 13, 2018

Name of participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade (Sept 2018) \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Work number: (if applicable) \_\_\_\_\_

Email: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_ \*\*PLEASE SEE PAGE 2

**(Acute Medical concerns must be brought to the attention of the leader and noted on Attendance Form for leaders to reference in an emergency)**

### **Purpose and Extent:**

Shawnigan Alliance 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 church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Shawnigan Alliance Church to limit the information collected, or to view your child's information, please contact us.

Continuing means you understand that photos taken during VBS may be used for promotion within the church. Photos taken by leaders will NOT be put onto social networking sites without the permission of those pictured. If you do not wish to have your child's photo taken please use the comments section of the registration to let us know.

"I have read and understand the information above and here give my signature of agreement to cover activities for the year (Summer 2018)."

Parent or Guardian Signature \_\_\_\_\_

Please attach copy of court order assuring custody when applicable.



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