



VBS 2026 Registration Grades JK – Gr 8 (born 2012 - 2021) \$10 per child

July 6-10 9am-12pm daily

Family Ministries, Calvary Baptist Church 300 Rossland Rd. E. Oshawa 905-433-2960

Child (ren) Info

Table with columns: First Name, Last Name, Age, Birthdate (M, D, Y), Grade, Gender (M / F)

Doctor's Name _____ Doctor's Phone _____

Are there allergies that we need to be concerned with? Yes / No If yes specify which child and special need

Are there meds or an epi-pen carried with the child? Yes / No If yes complete a separate Epi-pen consent form

Special needs (behavioural / emotional / physical)? Yes / No If yes specify which child and special need

Should your child require 1:1 assistance please provide the name of the child care worker:

Friend Request (request to be in the same group as a friend who is in the same division; max 2 per child)

Table with columns: First Name, Last Name, Grade

Parent / Guardian Info

Father's First Name _____ Last Name _____

Mother's First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Home phone _____ Email _____

Father's Cell _____ Mother's Cell _____

Emergency Contact Name _____ Phone _____ Relationship _____

Do you regularly attend a local church? YES/NO If so, name of church _____

How did you hear about VBS? _____



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Parent or Guardian Consent

As parent(s) and /or guardian(s), I/we do here authorize treatment under the direction of a licensed physician of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me/us at the phone number(s) listed above. The undersigned assumes the responsibility for any costs connected with such treatment and hereby released Calvary Baptist Church where the child attends **S.P.A.R.K. VBS** from any responsibility.

I/we do hereby give the child / children listed on this form permission to participate in the S.P.A.R.K. VBS from Calvary Baptist Church. I/we understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/we agree not to hold Calvary Baptist Church or any of its leaders or assistants liable for damages, injuries or loss incurred.

Photographs:

Occasionally photos of the children are taken for promotional purposes (in the community, at Calvary and online). With your signature, permission is given to use these photos for this purpose only. Circle to decline NO

Parent Signature: _____ **Date** _____

Registration fee

\$10 / Child Max per family \$25

For Office use only

Payment Date	Cr/Dr	Cheque	Cash	Etransfer	Total