



Child's Name

Last Grade Completed

Date of Birth

1. _____
2. _____
3. _____
4. _____

Parent's or Guardian's Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Second Contact: _____ Phone #: _____

Who will be dropping off your child(ren)? _____

Who will be picking up your child(dren)? _____

Allergies or other medical conditions:

Do you have a home church? _____

How did you hear about Faith Fellowships VBS? _____

We take pictures during our camp for a slide show on the closing day and for the Sunday morning. If you do not want pictures taken of your child please indicate below.

I do NOT want pictures of my child used for: End of camp parent presentation

BCBC presentations or promotion