

## VBS Registration Form (Ages 4 – 11 Kindergarten to Grade 5)

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Health # \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Health # \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Health # \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Health # \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_ Health # \_\_\_\_\_

Parents Full Name: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Medical consent: If your child is hurt during VBS and we are unable to get hold of you, would you give consent to allow us to take them to the Outlook Health Care emergency? Y\_\_\_\_ N\_\_\_\_

You may scan and email your completed form to [alliance@sasktel.net](mailto:alliance@sasktel.net), mail it to Box 447, Outlook or drop it off at the church office.