



2019 VBS Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Pickering Community Baptist Church.

August 12-16 9:00am-3:00pm Cost: \$50 check payable to: PCBC

In the case of custody agreements, please include the proper form authorizing Parental contacts.

Child's Gender ____ Female ____ Male

Child's Name _____ Date of Birth _____

Address _____

Phone Number _____ Any sibling(s) at our camp: _____

Father's Name _____ Mother's Name _____

Father's Work Number _____ Mothers' Work Number _____

Email Address: _____ Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact

Name _____ Phone Number _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

If yes, please explain: _____

	Monday Aug 12 th	Tuesday Aug 13 th	Wednesday Aug 14 th	Thursday Aug 15 th	Friday Aug 16 th
EXTENDED CARE? Additional cost of \$25 Will your student come before 9:00am or stay after 3:00pm? Please Specify:					

Is your Child bringing any medication with him/her?

Yes No

If yes, please list. _____

Program personnel will not administer any medications. Parents are responsible ensuring the child has taken all needed medication before the program. I agree not to bring the child in if he/she has a fever or contagious sickness.

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Pickering Community Baptist Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Pickering Community Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing Pickering Community Baptist Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Pickering Community Baptist Church.

Photos: Pictures and videos will only be taken by program personnel. Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- Church
- Website
- Videotaping



Purposes and Extent: Pickering Community Baptist 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 organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Pickering Community Baptist Church to limit the information collected, or to view your Child's information, please contact us.

Please Read and Check All:



- I understand that there will only be child supervision no earlier than 8:00am and no later than 6:00pm at Pickering Community Baptist Church; and I agree to drop and pick up my child within the hours of the operation of summer camp program.
- I have discussed with and feel that my child understands to respect others and to adhere to the rules and regulations of the summer program if he/she does not comply with the rules.
- I agree that once the summer program begins that I will not be able to receive a refund.

I have read, understood and agree with the above.

Parent Signature

Printed Name _____ Date _____