

5 Days ~ 5 Parables

VBC Registration Form

Please use a new form for each child

Child's Name _____

Parent/Family/Guardian Name _____

Address _____

Email Address _____

Phone _____

Date of birth _____ Age _____

Special Needs/Allergies/Medical/Other _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick this child up from VBC _____



Photo Release: Living Faith Community Presbyterian Church / VBC have my permission to publicly use my child's photograph in VBC materials. I understand this may include print and online publications, presentations, websites, and social media.

Please check

Parent/Guardian's signature: _____

Living Faith Community Presbyterian Church
206 Murphy Rd., Baxter, ON L0M 1B0
(705) 424-0779 www.livingfaithbaxter.com

