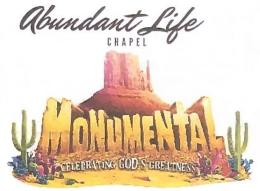
90 - 4th Street, Box 35 Lac du Bonnet, MB ROE 1AO

Phone 204-345-2934

Email: alcmb@mymts.net Website: abundantlifechapel.ca



## **VACATION BIBLE SCHOOL 2022 JULY 4-7** 6 - 8:30pm **REGISTRATION FOR AGES 5-11**

\$15/child (ask about family rates)

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Abundant Life Chapel. Any medical information collected here serves to authorize Abundant Life Chapel, and its staff and volunteers, to obtain medical assistance in emergencies.

Student Name	Address	
	Date of Birth	
	Phone Home	
	Cell Number	
Address (if different from above)		
	Phone Home	
	Cell Number	
Address (if different from above)		
**In case of custody agreements, please inclu		
Manitoba Heath # (6 digits)	PHIN (9 digits)	
	Phone	
Allergies		
Does your child have any physical, emotional, me be aware of? Yes No if yes, plea	ental, behavioural concerns or lise explain	imitations that our staff should
Emergency Contact In case of emergency, every effort will be made to Please provide an alternate emergency contact in	o contact the parent/legal guard the event we are unable to do	dian named above
Name	Phone Home	Cell
Relationship to Child		
	**Please turn pa	age OVER for signatures



I agree that I am the parent/legal guardian of the above named child. By signing, I agree that all information listed above is true and accurate. I agree that I will notify Abundant Life Chapel of any changes pertaining to the above named child. I named rd of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Abundant Life Chapel as well as of medical treatment authorized by supervising individuals representing the church. This consent and authorization is effective only when participating in events (VBS) of Abundant Life Chapel.
Print Name Date
Signature
I hereby ALLOW my child to be photographed for the <u>private use only</u> of the VBS program at Abundant Life Chapel.  Childs Name:
Parents Signature:
I hereby DO NOT allow my child to be photographed.  Childs Name:  Parent's Signature:
PLEASE FILL OUT THE INFORMATION BELOW IF SOMEONE OTHER THAN THE PARENT/LEGAL GUARDIAN WILL BE BRINGING YOUR CHILD(REN) TO VBS.
I, hereby give permission to sign my child(ren) in and out of VBS.
Signature