

Abundant Life
CHAPEL



90 - 4th Street, Box 35 Lac du Bonnet, MB
R0E 1A0

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 _____

Phone Number _____ Date of Birth _____

Mother's /Guardian's Name _____ Phone Home _____

Email _____ Cell Number _____

Address (if different from above) _____

Father's /Guardian's Name _____ Phone Home _____

Email _____ Cell Number _____

Address (if different from above) _____

****In case of custody agreements, please include the proper form authorizing parental contacts****

Manitoba Heath # (6 digits) _____ PHIN (9 digits) _____

Family Doctor _____ Phone _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes _____ No _____ if yes, please explain _____

Emergency Contact

In case of emergency, every effort will be made to contact the parent/legal guardian named above. Please provide an alternate emergency contact in the event we are unable to do so.

Name _____ Phone Home _____ Cell _____

Relationship to Child _____

****Please turn page 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 _____ 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 private use only of the VBS program at Abundant Life Chapel.

Childs Name: _____

Parents Signature: _____

-----OR

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 _____