



5-Day Club & VBS Summer 2026

Dates: July 27– July 31, 2026

Location: First Baptist Church Mount Forest 116 Fergus St. N.

Start Time: 9:00 am End Time: 12:00 pm

Child Information (Please Print. Fill out a separate form for each child)

Name: _____

Street Address: _____ Apt. #: _____

City: _____ Postal Code: _____

Birthdate: _____ Health Card #: _____

How did you hear about this program? _____

Parent/Guardian Information (Please Print)

Name: _____

Street Address: _____ Apt. #: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact (Please Print)

This is someone we can contact in an emergency, in the case that we are unable to reach you.

Name: _____

Phone: _____ Cell: _____

Relationship to Child: _____



In the case that you are not able to pick-up your child at the end of club, list the **individuals** that you give **permission to sign your child out**:

Are there any **physical, emotional, or mental** concerns that we should be aware of?

Does your child have any **allergies** that we should be aware of?

General Information

1. The Parent/Guardian signing this form has legal custody over the child. Conditions of custody, if applicable, will be fully communicated to the club leader, including a photocopy of the section of any court order referring to visitation rights.
2. Every precaution is taken for the safety and good health of the child at the program during transportation, but in the event of an accident or sickness, CEFOntario including the board, staff and volunteers are hereby released from any liability.
3. The Club Director and Club leaders reserve the right to dismiss a child who is a hazard to the health and safety of others, or have appeared to reject the reasonable controls of the ministry.
4. All children or their parent/guardian assume liability for any damage to property.

I have read through the application and accept the conditions of enrolment and cancellation for my child to go to participate in 5 Day Club or VBS.

CEFOntario may use any photograph or video footage my child appears in for promotional purposes: **Yes** **No**

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____