



Vacation Bible School
Aug. 22-25/23
9:30 am - noon
Keremeos Community Church
Cost: \$10 per child

OFFICE USE ONLY
Payment Received: \$ _____
Date received: _____
Received by whom: _____

STUDENT REGISTRATION FORM

Director Contact: Diane Wachtler 250 506-0258 dmwachtler@gmail.com

(Please Print)

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Doctor _____ Phone _____

Allergies or Special Needs _____

PHOTOGRAPH APPROVAL

Please indicate if we may have permission to share pictures taken of your child(ren) by showing on the KCC church overhead screen only.

- Yes, I give my permission No, I do not give my permission

DISMISSAL

Who may pick up your child at the end of each VBS day?

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____