

Grace Kidz PRO D Camp Registration

First Name of Child _____ Middle Name: _____

Last Name _____

Date of Birth: _____

Gender: Male Female

Pro D Camps you want your children to attend:

Oct 25th Nov 8th Jan 27th

Feb 21st May 15th

*** Each day costs \$30.00 per child. This includes lunch and the activities, but please provide 2 healthy snacks for your child. Look at the schedule for our unique Pro D day camps online.

Pay by cash or cheque to Grace Bible Church on the day of the program.

We ONLY have 20 spots available. Your child will be put on a waiting list if we are full for that camp.

Each camp operates from **8:30AM-5:30PM**

Name of School: _____ Grade _____

Allergies

Medical Conditions

_____. If your child needs to take medication during our program, please go to the church to fill in a Permission for Medication form.

Name of Parents/guardians

Mother: _____ Cell: _____

Father: _____ Cell: _____

Email: _____

This is the email that you will receive information about the camp through.

Home Address: _____

Postal Code _____

City: _____ BC CANADA

Religious Affiliation or Church
if applicable: _____

Transportation:

Permission for staff and authorized volunteers to drive your children during this event.

Agree Disagree

Photos

Permission for staff to take photos of your child and use the photos for church only advertising and using the photos for highlight videos.

Agree Disagree

Because we are taking your child off-site during our program, each child needs an Emergency Card. Please email a photo of your child to the afterschool manager:
Christine@gbcvernon.ca

Parent/Guardian Signature:

_____ Date: _____

EMERGENCY CARD

Name: _____

Day Of Birth _____

BC Care Card Number:

Family Doctors Name: _____ Number: _____

Do the staff have permission to call an ambulance before getting a hold of you? yes no

Father Cell: _____ Work phone: _____

Mothers Cell: _____ Work phone: _____

Emergency Contact Person (we will call them if we can not get a hold of the parents).

Name: _____ Cell: _____

Please tell this person that they are your child's emergency contact

Allergies that the medical personnel need to be aware of: _____

