



Please

- 1. Complete the form
 - 2. Save and email to Sean at seandyck11@gmail.com
- OR**
- 2. Print and bring along to the first day of VBS

REGISTRATION FORM

Name(s) and grade (completed): _____

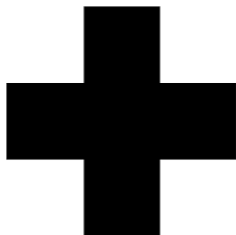
Street address: _____

City: _____ Prov.: _____ Postal Code: _____

Home telephone: _____ Cell phone: _____

Email address: _____

Parent name(s): _____



Additional emergency contact: _____

Allergies or other medical conditions: _____

AUTHORIZATION TO RELEASE CHILD(REN)

- I _____ (parent/guardian) authorize my child(ren) to depart Minnedosa Covenant Church VBS Program independently each day.
- In case of an emergency, or if I am unable to pick up my child, I _____ (parent/guardian) authorize Minnedosa Covenant Church to release the above referenced child(ren) to the following persons:

Name	Relationship	Contact Phone Number