

# 2010 VBS REGISTRATION FORM

July 5 to July 9, 2010 at Deer Park Alliance Church [www.deerparkchurch.ca](http://www.deerparkchurch.ca)

**Only \$10 per child!!! Don't miss out!!!**

**KEEP THIS TOP SECTION:** You can mail, or drop off your completed registration form (s) at the south entrance administration doors of the church. Please note that space is limited and capped, so *register early*.

Forms available at [www.deerparkchurch.ca](http://www.deerparkchurch.ca). **Mailing Address:** Deer Park Alliance Church 2960 39th Street, Red Deer, AB. T4R 2G2. Office phone is (403) 343-1511; fax (403) 343-1529; (office hours are M-F from 8:30 a.m. to 4:30 p.m. - open at lunch & closed on holidays.) Church email is: [office@deerparkchurch.ca](mailto:office@deerparkchurch.ca). Children's Pastor: Mark Neilson. Doors open Monday, July 5, at 8:00 a.m. for registration & class placement. The *Saddle Ridge Ranch* VBS is from 9:00 a.m. to 1:00 p.m. (doors open at 8:40 a.m. Tuesday to Friday). Please pick up your child by 1:00 p.m. each day. A substantial & healthy snack (s) will be served each day. Please do not mail cash. **Make your checks payable to Deer Park Alliance Church (D.P.A.C.) with memo: VBS 2010.** Cost & Ages: please see other side.

**NOTE:** All parents & family are invited to the *Saddle Ridge Ranch VBS Closing Rally & B.B.Q.* on Friday, July 9, from 11:30 a.m. to 1:30 p.m. The B.B.Q. is only \$1.00 per person!

OVER 

Cut here and keep the above information

## CHILD- *Saddle Ridge Ranch* 2010 CHRISTIAN VBS REGISTRATION FORM

Child's last name  
initial here:

CHILD'S NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian Name (s): \_\_\_\_\_ Month/day/ Year  
Child's Last Grade Completed: \_\_\_\_\_ Parent's Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**ARE THERE CUSTODY ISSUES THAT WE SHOULD KNOW ABOUT? YES or NO (please circle one)**

Comments or details: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**IS ANYONE ELSE ALLOWED TO PICK UP YOUR CHILD AFTER VBS? (circle one) YES or NO**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

**PAYMENT INCLUDED: YES or NO** Check amount: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash amount: \_\_\_\_\_  
(Note: all checks payable to D.P.A.C. Memo "VBS." Checks will *not* be cashed until the week of July 12, 2010. Do not mail cash.)

**MEDICAL INFORMATION:** Please state all medical information that we may need to know concerning your child's health for VBS.

**ALLERGIES? YES or NO (circle one).** How severe are the allergies? Very severe, severe, moderate, little, uncertain (please circle one) Comments. Please state all allergies & comment: \_\_\_\_\_

**OTHER MEDICAL CONCERNS OR INFORMATION (Please describe):** \_\_\_\_\_

### EMERGENCY CONTACT NAMES AND NUMBERS:

Name #1) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name #1) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

**CHILD'S ALBERTA HEALTH CARE NUMBER:** \_\_\_\_\_ Family Doctor's Name: \_\_\_\_\_

**Optional Survey & Request:** A) Does your child attend Sunday School? Yes or No. Where? \_\_\_\_\_  
B) If no, may we send you information about our Sunday School, church events & activities? Yes or no (please circle one)

Child Application  
Form. Page 1 of 2.

**OFFICE USES ONLY:** Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room Location: \_\_\_\_\_ Special Medical Attention:

Payment type: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Clerk's Initial: \_\_\_\_\_

Applying for Subsidies: Yes or no \_\_\_\_\_ Worker's discount percentage: \_\_\_\_\_ Notes: \_\_\_\_\_