"Confidential Information"

United Church of Canada - V.I.B.E.
A PROGRAM FOR CHILDREN AGES 5-12
Registration Form 2019

Name of Child _____ **Gender** _____

Birth Date _____ **Telephone** _____

Address _____

Age _____ **Grade as of Sept. 1, 2019** _____

Child's Health Card Number _____

Name of Parent or Guardian _____

Primary Phone Number: _____ **Alternate Phone Number:** _____

The safety of the children is one of the primary concerns of the V.I.B.E. program. During program hours, we endeavour to maintain the highest possible standards to ensure children in our care are safe; therefore, at the end of the program each day, the children will only be returned to a parent or guardian designated in writing by the parent.

Designated pick up person(s): _____

Phone: _____

Alternate Emergency Contact: _____

Phone: _____

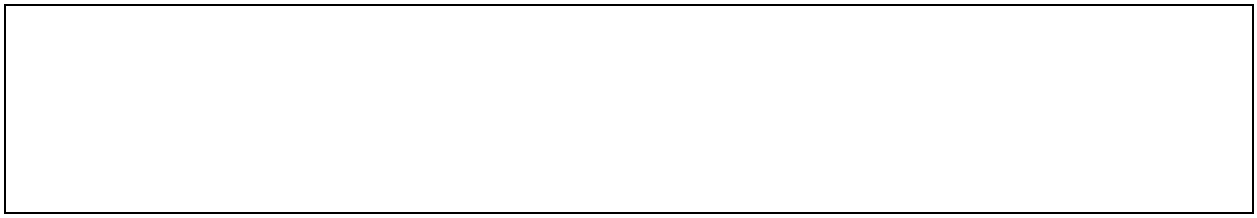
V.I.B.E. is committed to meeting the individual needs of each child to facilitate their full participation in V.I.B.E. programming.

Please identify any issues, medical or otherwise, about which our V.I.B.E. staff should be made aware:

Allergies (please list):

Dietary Restrictions (please list):

Other medical/behavioural concerns:



We are planning on having the children outside for active games. Please make sure your child has a hat. If you would like sunscreen reapplied, please send it with your child.

CONSENT AND WAIVER OF LIABILITY

I (we) give permission for _____ (child's name) to attend the V.I.B.E. program at _____church. I understand that while all reasonable precautions will be taken, the host congregation, the Kawartha Highlands Presbytery of The United Church of Canada and affiliated organizations and individuals will not be held responsible in any way for injuries sustained by my child as a result of his/her participation in the V.I.B.E. program. I (we) understand that, in the event medical treatment is required, every effort will be made to contact me, however, if I cannot be reached, I give permission to the staff of V.I.B.E. to secure the services of a licensed physician to provide the care necessary for my child's well being.

Signed: _____ **Date:** _____

CONSENT FOR PHOTOGRAPHS

I give permission for my child to have his/her picture taken for promotional material for the V.I.B.E.

Signed:_____ Date_____

CONSENT FOR LEAVING PROPERTY

I (we) give permission for _____(child's name), to leave the church property with V.I.B.E. staff and volunteer supervision to participate in games at _____.

Signed: _____Date_____