

PERMISSION FORM

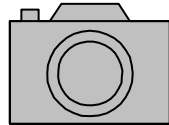
I give permission for my son(s) / daughter(s),

_____ to participate in **VACATION BIBLE CAMP** at Shiloh-Sixth Avenue United Church in July 2009. I authorize the directors of this event to seek emergency medical attention, on the advice of first aid personnel, should the need arise for my child.

Parent/Guardian Signature: _____

Date: _____

Vacation Bible School occasionally uses photos of people and groups on bulletin boards, in the church newsletter and via other media. Group photographs in which individuals are not easily identifiable may also be used occasionally. In order to include your child's photo we must have your signed permission. The name of your child will not be used.



Shiloh-Sixth Avenue United Church has my permission to publish a photo of my child(ren) _____ for a Shi6th publication or on the Internet (our website). I understand that my child's name will not be published on the Internet.

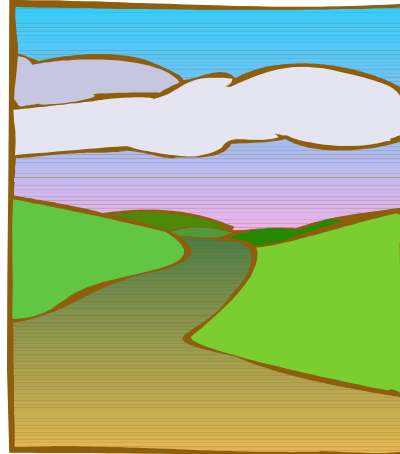
Parent/Guardian Signature: _____

Date: _____

I give permission for Shiloh-Sixth Avenue United Church to send my child/children Youth/Children's Church mailings.

- yes, please! No, Thanks!

Shiloh-Sixth Avenue United Church
VACATION BIBLE CAMP 2009
For children ages 4 - 12



For more information, please call

Mary Nichol
Children, Youth and
Young Adult Minister

604-522-3443, local 28
Email: maryn@shiloh-6ave.net

Or
Vilma Del Mundo
604-522-3443, local 24

Shiloh-Sixth Avenue United Church
presents

Our 4th Annual
VACATION BIBLE CAMP
2009

For children ages 4-12

On the Way



**Monday, July 27th to
Friday, July 31st, 2009**

JOIN US FOR A WEEK of AMAZING FUN!!!
REGISTRATION INFORMATION INSIDE

JOIN US!

JULY 27th to 31st, 2009

Monday thru Friday

9:30 am—12:30 pm

**CRAFTS,
GAMES,
MUSIC,
ART,
DRAMA,
SNACKS,
STORYTELLING AND
MUCH MORE!**



**LUNCH AND SNACKS
PROVIDED EVERYDAY!!**



**REGISTER
NOW!!**

**All children are welcome
to participate!**

We hope you will join us for a week this summer as we explore stories from the Bible and understand the power of God's unconditional love for us in a program that is **fun, safe and exciting!**

**REGISTRATION FOR VACATION BIBLE CAMP 2009
Family Registration Form**



FAMILY INFORMATION

Family's Last Name: _____

Address (include city): _____

Postal Code: _____

Phone: (Work/Cell) _____

(Home) _____

Email Address: _____

Home Church (if applicable): _____

Emergency Contact Person: _____

Relationship: _____

Phone: _____

Please use one registration form for each family. If you have more children than three participating from one family, please staple the forms together.

Child's Full Name: _____

Entering Grade: _____ Sex: _____

(if your child is of Preschool age, please put PreS)

Birthdate (incl year): _____

BC Carecard # _____

Known Allergies, Special Needs or Dietary Restrictions: _____

Child's Full Name: _____

Entering Grade: _____ Sex: _____

(if your child is of Preschool age, please put PreS)

Birthdate (incl year): _____

BC Carecard # _____

Known Allergies, Special Needs or Dietary Restrictions: _____

Child's Full Name: _____

Entering Grade: _____ Sex: _____

(if your child is of Preschool age, please put PreS)

Birthdate (incl year): _____

BC Carecard # _____

Known Allergies, Special Needs or Dietary Restrictions: : _____

Registration Costs:

A registration fee of \$20 per child per week would be greatly appreciated to help offset the costs of this program.

Financial Assistance is available, please contact Mary for more information.

Please complete the information on the other side of this form.