


<b>CHILD'S NAME</b>		<b>STAFF USE</b>		
_____	_____			
First	Last			

**KITCHENER MENNONITE BRETHREN CHURCH**  
**Vacation Bible School**

**CHILD INFORMATION & REGISTRATION**

Dear Parents,

We at KMB would like to keep your child as safe as possible while in our care. Please take the time to fill out the information below. If your child requires emergency medical attention and we are not able to contact you or the other name provided, we will take the steps necessary to ensure that your child is treated.

We would like to remind you of potential health concerns. Please keep your child at home if she/he comes down with a condition that is easily spread such as a bad cold, flu, fever, head lice, pink eye, impetigo, etc. If a health condition persists, you may be asked to provide a doctor's certificate verifying that the condition will not spread.

Thank you for your cooperation.

– PLEASE PRINT –

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
dd mm yyyy

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Church? \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (IF DIFFERENT FROM PARENT(S) ABOVE)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I give permission for KMB's VBS staff to photograph and video my child for church newsletters, website, bulletin boards, etc. Yes  No  (If NO, please provide a photograph of your child for cross-checking.)

Name of parent/guardian (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_