



**VACATION BIBLE SCHOOL 2018** At East Zorra Mennonite Church,  
**July 9 - 13, 2018** for children age 4 (born in 2014) through Grade 8  
**Registration, Waiver and Medical Release Form**

Name of Child _____	Date of Birth _____
Last school grade completed _____	
Name of Parents/Guardian _____	
Address _____	City _____ Postal Code _____
Home Phone _____	Work Phone _____ Cell Phone _____
Emergency Contact Name and Phone Number _____	
Child's Home Church _____	
Name of Family Physician _____	Phone number _____

Does your child have severe allergies? (e.g. bee stings, food medicines etc.) Yes _____ No _____
If yes, please explain _____
Does your child have any physical, emotional, mental or behavioural concerns or challenges that we should be aware of?
Yes _____ No _____
If yes, please explain _____
Does your child have any medical conditions we should be aware of? Yes _____ No _____
If yes, please explain _____
I give authorization for EZMC to take photos/video of my child for future promotion of activities. Yes _____ No _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, East Zorra Mennonite Church, its staff, and its volunteers are hereby released from any liability.

In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified as soon as possible. In case of emergency, I/we hereby give permission for the adults in charge to act on my/our behalf, to seek and approve medical assistance, and I agree to cover the appropriate costs. This information will be considered confidential and will only be made available to EZMC leaders.

I/We hereby give my child permission to participate in Vacation Bible School at East Zorra Mennonite Church from July 9 - 13, 2018.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If your child is attending VBS with a friend and you would like them to be in the same classroom or group, please list their names below. We will do our very best to accommodate everyone's special requests.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Please return this form to: East Zorra Mennonite Church PO Box 997 Tavistock, ON N0B 2R0 Attention: Lisa Suderman, Office Administrator Email: [office@ezmennonite.ca](mailto:office@ezmennonite.ca)

If you have any questions please contact one of the 2018 VBS Co-ordinators: Bethany Kropf (519) 503-2673 or Sheryl Leis (519) 569-9936.