



# REGISTRATION FORM First Baptist Church VACATION BIBLE SCHOOL

August 10-14, 2026  
279 Alicia St. Arnprior, ON  
For children age 3 to Grade 6 (Spring 2026)

## 1. Family Contact Info

Parent Name \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (Town/City)

\_\_\_\_\_ E-Mail Address \_\_\_\_\_  
(Province) (Postal Code)

## 2. Emergency Contact Info

Primary Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Child's Name	DOB (DD/MM/YYYY)	Grade (Spring 2026)	OHIP #	Allergies/Medical Concerns	Medications carried by child

### Scuba Vacation Bible School

#### MORNING

8:30am Drop-off opens

9:00am Camp Starts

12:00pm Pick-up opens

Supervision is provided for the lunch break for 12:00pm to 1:00pm for full day campers

**(please note the campers need to bring their lunch)**

#### AFTERNOON

12:30pm Drop-off opens

1:00pm Camp Starts

4:00pm Pick-up opens

Please email the office if you require extended drop off/pick up times

I am registering my child for:  Morning (\$35)  Afternoon (\$35)  Both (\$35)

The number of campers will be limited. Please register asap to ensure your child/children's spot/s and to allow us time to plan for the correct number of children. Spaces will only be saved once your child's registration is complete (form is submitted and payment is made).

Paid:  Cash  Cheque (cheque payable to First Baptist Church) Total Payment Submitted \$ \_\_\_\_\_ ➡

or send e-transfer to: [finance@fbc-online.ca](mailto:finance@fbc-online.ca)

## **MEDICAL RELEASE STATEMENT**

I, \_\_\_\_\_, give permission for an authorized leader of the First Baptist Church (FBC) VBS/DAY CAMP to accompany my child/children listed on this form to a medical facility for treatment resulting from illness or injury at the FBC VBS. Further, I also provide my consent for my child to participate in events on and off site. I hereby release the FBC VBS and their directors, leaders, volunteers, employees or representatives from any and all liabilities or claims for personal injury, illness or death which may be incurred by my child/children while participating in the above named program and its activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **LEAVE PROPERTY RELEASE**

I, \_\_\_\_\_, give permission for authorized FBC VBS Leaders to walk my child/children, listed on page 1, to Caruso Street Park on select afternoons as part of the scheduled afternoon activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **MEDIA RELEASE**

I, \_\_\_\_\_, give permission for authorized FBC VBS Leaders to photograph/video my child during the FBC VBS activities. These photos/videos will only be used for the purpose of the FBC VBS advertisement and the First Baptist Church Facebook page.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Mail/drop off registration form with payment to the First Baptist Church Office, 279 Alicia St., Arnprior, ON, K7S1H6, as soon as possible. Any questions can be directed to the First Baptist Church Office:

-By Phone: 613-623-3993

-By e-mail: office@fbc-online.ca