



**VBS Registration Form (One per Family)**

**Child/ Children’s Name(s) & Age(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Parents Names:**

**Mom** \_\_\_\_\_ **Dad:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**Name of a friend your child would like to be with:** \_\_\_\_\_

**Personal Information:**

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Email Adress:** \_\_\_\_\_

**INCASE OF EMERGENCY:**

**Contact:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Tribe Name: (Church use only)** \_\_\_\_\_

**Please Fill out back side of the form as well!**

**Child photo / video consent Form:**

We would be grateful if you would fill in this form to give us permission to take photos of your child and use these in our printed and online publicity.

I give **The Melville Baptist Church/ The River Christian Center** permission to take photographs and / or video of my child.

I grant **The Melville Baptist Church/The River Christian Center** full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group’s aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of child(s):
Name of parent / guardian:
Signature of parent / guardian:
Date:

**Foot Washing Consent Form:**

This Year at VBS, we will be going back in time to Jesus’ walk to the cross. On day 2, when we join Jesus on this walk, we will be learning all about the Passover. This is where we will learn about Jesus washing his disciples’ feet. For Jesus, it was the display of His humility and His servanthood. For the disciples, the washing of their feet was in direct contrast to their heart attitudes at that time. For us, washing feet is symbolic of our role in the body of Christ.

We would like the children to experience what the disciples felt when their feet were washed. With your parental permission would you be okay with us washing your child/children’s feet? If yes, please fill in the chart below. If not, just leave the chart blank. Thank you.

Name of child(s):
Name of parent / guardian:
Signature of parent / guardian:
Date: