



Uxbridge Baptist Church Vacation Bible School, July 16-20 (8:45-11:45am) Registration Form

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ Province: _____ Postal: _____

Primary Phone: (____) _____ Emergency Phone: (____) _____

Email Address: _____

Siblings Attending Camp: _____

Person Picking Up Child: _____

My child has permission to be at the UBC VBS 2018 Summer Camp. I give permission for my child's photo to be used in pictures/video displays. Yes/No

Signature: _____ Date: _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____