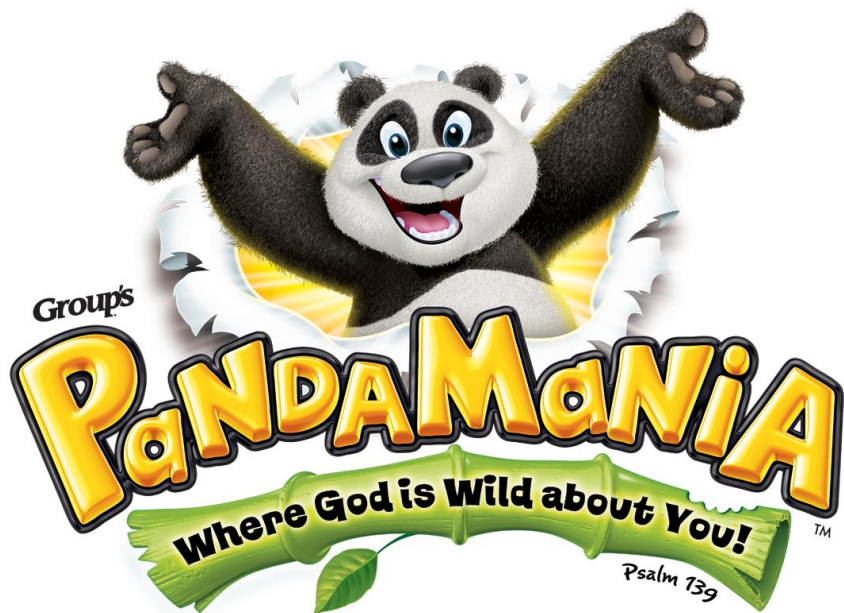


FUJIAN EVANGELICAL CHURCH

Present



Vacation Bible School 2011

(For children ages 6 - 11)

July 4 - 8, 2011 (Monday to Friday)

6:45 PM to 9:10 PM (check-in at 6:30 PM)

Sunday Service Presentation July 10, 2011 - 10:30 AM

12200 Blundell Road, Richmond, BC

Telephone: 604-273-2757

or email us at fecvbs@yahoo.com

Privacy notice

The information obtained on this form is for the purpose of ascertaining relevant medical information requirements and other health care related needs of your child(ren). Failure to provide the information requested will prohibit your child(ren) from participating in the VBS program at the Fujian Evangelical Church. All information collected will be stored securely. If you have any concerns about the provision of this information, please contact the VBS Director to discuss further.



WHERE GOD IS WILD ABOUT YOU COME JOIN US

as we celebrate God's unconditional love! Kids will discover that God has a purpose and plan for everyone and that He crafted each of us with His own loving hands.

What else? **LOTS OF OTHER FUN STUFF**
conducted in a **MULTI-AGE GROUP** setting

... *Wild Bible Adventures ... Crazy Crafts*
... *Treetop Treat ... Bamboo Blast Games ... Rowdy Wrap-up*
And many more...



Early Registration for FEC attendees: April 3 & 10

Early Registration open to public: April 17 & 24

Regular Registration: May 1 & 8

Registration Fee*:	Early bird Rate **	Regular Rate
Single	\$40	\$50
Sibling ***	\$20	\$25

*Includes t-shirt, snacks, Bible Memory Buddies, Crafts, Team photo and fun memories to remember

**Early bird rate in effect until April 24, 2011

*** Rate is per sibling.

Payment in cash or cheque payable to FEC

Registration is processed on a *first come first served* basis.

Registration is confirmed upon receipt of registration fee.

FUJIAN EVANGELICAL CHURCH
 Vacation Bible School 2011 Registration Form

Child's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:	Year	/Month	/Day	Current Grade:
Care Card No.:				
Allergies:				
T-shirt Size:	Circle one:	Youth 6/8	10/12	14/16 Adult Small

Child's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:	Year	/Month	/Day	Current Grade:
Care Card No.:				
Allergies:				
T-shirt Size:	Circle one:	Youth 6/8	10/12	14/16 Adult Small

Child's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth:	Year	/Month	/Day	Current Grade:
Care Card No.:				
Allergies:				
T-shirt Size:	Circle one:	Youth 6/8	10/12	14/16 Adult Small

Parent/Guardian Information:

Name of Parent/Guardian:			
Street Address:			
City:		Postal Code:	
Telephone #:		Email Address:	
Emergency Contact Name:		Emergency Tel #:	
Doctor's Name:		Doctor's Tel #:	
Home Church (if applicable):			

New to VBS? **Yes** or **No** if yes, how did you hear about us?

Invited by: _____ Other: _____

For FEC Office Use Only:			
<input type="checkbox"/> Single	\$40	\$50 Cash/Chq	Notes: _____
<input type="checkbox"/> Sibling	\$20	\$25 Cash/Chq	

WAIVER and CONSENT FORM
 Release of All Claims and Liabilities

I, _____, parent/legal guardian of the child(ren) listed below do hereby grant permission for him/her/them to participate in the Vacation Bible School program of the FUJIAN EVANGELICAL CHURCH from July 4-8, 2011. On behalf of my child(ren), I hereby release, forever discharge and agree to hold harmless FUJIAN EVANGELICAL CHURCH and the directors thereof from any and all liability, claims or demands for personal injury or sickness as a result of my child(ren) participating in the recreation and activities involved in the program described above.

Furthermore, I have noted any allergies my child(ren) may have and grant permission for the church to provide snacks for my child(ren) in the VBS program.

As the parent/legal guardian of the child(ren) listed below, I hereby give my permission to the VBS personnel to bring my child(ren) to a doctor or hospital in the event of an emergency. Furthermore, I hereby authorize any necessary medical treatment and assume the responsibility of all medical bills, if any.

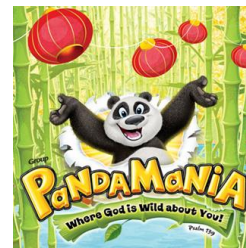
Child's Name:	
Child's Name:	
Child's Name:	

Lastly, I understand that images of my child(ren) may be taken by VBS photographers for use in display and publicity materials. I hereby give consent for pictures of my child(ren) to be taken during VBS week.

Name of Parent/Guardian: _____
 (Please print)

Signature of Parent/Guardian: _____

Date: _____



Note: We may use your name and address to notify you of future VBS programs at FEC. If you do **not** wish to be contacted, please indicate so below.

I do not wish to receive any notices about future VBS programs at FEC.