

Love**Joy****Peace****Patience****Kindness****Goodness****Gentleness****Faithfulness****Self Control**

Oakville Presbyterian Church
Vacation Bible School 2024
“The Fruit of the Spirit” June 17-21
REGISTRATION FORM

Child’s Name
Child’s birth date
Last grade child completed in school

Parent/Guardian Name**Mailing Address****Email****Phone Numbers**

Home	Work	Cell

Emergency Contacts

Name	Relation to Child	Phone number(s)

Medical or other information (including food allergies)

I (parent or guardian of the above named child), hereby give my permission for his/her participation in the Vacation Bible School sponsored by Oakville Presbyterian Church. I agree that in the event my child is injured as a result of his/her participation in the VBS program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs will be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

Parent/Guardian Signature**Date**