



兒童夏日學習營
Vacation Bible School 2010
Calvary Logos Baptist Church

Camp Details

Date: August 9-20 (Two weeks, Mon-Fri)
Time: 9:00a.m. to 3:30 p.m.
Extended hours: 3:30 p.m. to 6:00 p.m. (\$40 extra for two weeks late pick-up)
Location: **Central Park Public School**
100 Central Park Dr., Markham, ON L3P 7G2
Activities: Singing, Crafts, Storytelling, Media, Games & Sports
Lunch: Bring your own. Snacks will be provided.
Enrolment deadline: Friday July 30, 2010.

Camp Costs:

Regular \$140.00 \$120.00 (2nd sibling)
Extended hours \$ 40.00

For More Information:

E-mail us at vbs@calvarylogos.ca or call us at (416) 297-8787.

Payment Method:

Mail your completed form and cheque to:
 Calvary Logos Baptist Church
 241 Alexmuir Blvd, Scarborough, ON. M1V 2W6

Bring your completed form with fee to CLBC:
 Office hours: Tue–Thu 10am–4pm, Fri 4pm–10pm

Limited enrolment. Registration deadline : Friday July 30, 2010.

Last Name: _____ First Name: _____ Age: _____

Gender: Male Female Grade (in Sept 2010): SK 1 2 3 4 5 6

Street Address: _____

City & Province: _____ Postal Code: _____

Health Card #: _____ Contact Phone #: (_____) _____

Language: English Cantonese Mandarin Other: _____

Faith Background: My child attends church regularly for _____ years. My child does not go to church regularly.

Church Name (if applicable): _____

School Name: _____

Name of siblings also attend the camp: _____

Any allergies or dietary restrictions your child has? No Yes, they are: _____

Anything you want to tell us about your child that you believe we should know about? _____

Please check:

Regular \$140.00 \$120.00 (2nd sibling)

Extended hours \$40.00

Parent Consent:

I, _____, give permission to _____ to participate in Vacation Bible School 2010 conducted by Calvary Logos Baptist Church and I agree that in the event of an accident or sickness, Calvary Logos Baptist Church, its staff, and its volunteers are hereby released from any liability. I also agree that in the event that my child conducts him/herself in a manner that is disruptive; s/he will be dealt with appropriately, including the possibility of contacting the parent(s) and /or sending the child home at my expense.

Parent/Guardian Signature: _____ Date: _____

Emergency / Day time Contact Number: _____ Email: _____

Office use only

Fee Received: _____ Date Received: _____

Staff Initials: _____ Registration #: _____