



JESUS IS MY SUPERHERO!

2019 VBS

River of Life

4037 Valley Hwy, Deming WA

For children 5-11 years

Cost: Free!

When: July 8-12 from 9:00-11:30am

For more info: Deb at 360.305.6738

Please sign the photo release form and bring to camp

Fill out for all children in the family who will be attending camp and mail to CEF or bring to camp on your first day.

Names:

1. _____ age _____
2. _____ age _____
3. _____ age _____
4. _____ age _____

Head of the home: _____

Address: _____

Phone # _____ e-mail _____

Name of School: _____

Name of Church: _____

Special Comments: (things we need to know about your children?)

Child Evangelism Fellowship's

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Medical Release Form

(For your protection if your child would need medical help while attending our VBS)

Family Name _____

First Names of children attending:

1. _____ 2. _____
3. _____ 4. _____

Doctor's Name _____

Doctor's Phone # _____

Notify in case of emergency:
_____ phone # _____

In case of emergency, I understand that after every effort is made to contact me and if I can't be reached, I hereby give permission to the VBS Staff to secure the needed medical treatment. I agree to pay any costs that may be incurred.

Family Insurance _____

Policy # _____

Signature of Parent/Guardian: _____ date _____

_____ Dates of last tetanus shot:

1. _____ 2. _____ 3. _____
4. _____

Food or drug allergies? _____

Feel free to mail Registration and Medical Release Form to the CEF office:

CEF Whatcom County
P.O. Box 3137 Ferndale, WA 98248