

Pembroke Pentecostal Tabernacle VBS

August 19 – 23, 2019

Pembroke Pentecostal Tabernacle, 34 Jordan Ave
Hwy 41 @ 17, Pembroke, ON, 613-732-9721



DEAR PARENTS:

Send your kids on a roaring adventure!

At ROAR VBS, kids explore God's goodness and celebrate a ferocious faith that power them through this wild life. ROAR VBS is filled with incredible Bible-learning experiences kids see, hear, touch, and even taste! Sciency-Fun Gizmos™, team-building games, cool Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life, (Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and safe shoes.) Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings. Get ready to hear *that* phrase a lot!

Your kids will participate in a hands-on missions project called 'Operation School Snax', by having the opportunity to donate peanut-free snacks for lunches to our local food banks. This will let kids show God's love to families in our very own community!

And there is more! Parents, grandparents, and friends are invited to join us for our **'ROAR VBS Finale BBQ' on Friday, August 23, 2019 at 12:00 pm** in the gymnasium, following the final ROAR VBS day. We want to share some of the things we have learned at ROAR VBS! The BBQ is at no cost however, donations are always a welcomed blessing!

So mark these dates on your calendar: **August 19th—23rd, 2019**

The fun starts at 9 am and will end at 12 pm each day!

Drop off time begins at 8:45 am

Pembroke Pentecostal Tabernacle, Hwy 41 @ 17

Call this number **613-732-9721** or online at **www.pptchurch.com** for more information or to register your child for this life-changing adventure!

Sincerely,

Your ROAR VBS Director, *Danette Liedtke*



Pembroke Pentecostal Tabernacle VBS

Registration Form

Kids 4-11 years old (one form per child)
(turning 4 by Dec 31, 2019)

Pembroke Pentecostal Tabernacle, 34 Jordan Ave
Hwy 41 @ 17, Pembroke, ON, 613-732-9721



Child's Name: _____

Child's Age: _____ Date of birth: ___D___/___M___/___Y___ Last grade completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ Province: _____ P/C _____

Home Telephone: (_____) _____

Parent / Caregiver's Cell Phone: _____

Home e-mail address: _____

Home Church: _____

Allergies or other Medical conditions: _____

***Health Card Number: _____

In Case of Emergency, contact: _____

Relationship to child: _____ Phone: _____

Physician's Name: _____ Physician's Phone Number: _____

THERE IS NO COST FOR VBS THIS YEAR!

We are limited to 130 children so make your reservation early!

REGISTRATION OPENS MAY 12, 2019 and will stay open until we reach our capacity!

Please mail registration / Release Form with payment to:

Pembroke Pentecostal Tabernacle, Attn: VBS, PO Box 245, Pembroke, ON, K8A 6X3

or drop it off or fax directly to:

Pembroke Pentecostal Tabernacle, 34 Jordan Ave, Hwy 41 @ 17

Phone (613)732-9721

Fax(613)732-7496

Crew Number or Name (for church use only): _____

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Pembroke Pentecostal Tabernacle VBS

Release From

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Pembroke Pentecostal Tabernacle, 34 Jordan Ave
Hwy 41 @ 17, Pembroke, ON, 613-732-9721



Child's Name: _____

Photography Release:

I give my permission for my child's picture to be taken and used in church publications.

Initials _____

First Aid Release:

I give my permission for the above named student to receive basic first aid treatment during **ROAR** VBS for August 19-23, 2019

Initials _____

Medical Release:

I (We), the undersigned parent(s) or guardians(s) of _____, a minor, do hereby authorize adult volunteers of **ROAR** VBS 2019 at Pembroke Pentecostal Tabernacle, as agent(s) for the undersigned to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability the VBS staff, in the event of an accident during program hours of VBS. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent /Legal Guardian Name (please print): _____

Address: _____

Signature: _____ Date: _____

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