



North York Christian Community Church

北約華人基督教會

32 Kern Road, North York, M3B 1T1, Tel: 416-441-2232;

Contact Person: Pastor Muriel Tse

Email: vbs@nyccc.ca

2026 Children & Teens Summer Bible Camp

暑假兒童聖經營&少年領袖訓練營

Ref #: 2026
VBS

Date: July 20 - Aug 7 (3 weeks) Hours: 9:30am – 4:30pm

Drop off: 8:30-9:30am/Pick up: 4:30-5:30PM

Registration Form

Age	Category	Early Bird Special (on or before May 31)	Regular after June 1
6-11	Children Camper	\$ 110/one week \$300/three weeks	\$ 125/one week \$345/three weeks
12-14	Leadership Program+	\$ 80/per week	\$ 90/per week

Please submit the application form and pay the fee (1) in person or (2) through e-mail at vbs@nyccc.ca

All fees can be paid at (1) our physical location or (2) e-transfer offering@nyccc.ca and indicate in the notes section the following: 'VSB' followed by your child's FIRST NAME and LAST NAME to ensure your payment is received properly. Example: VBS-JOEY-CHAN

- **Leadership Program includes** – Self-understanding; Lead by example; Learn discipline; Effective communication skills; Great leaders in God's eyes; Lead like Jesus! **Limited to 8 candidates!**

Note:

(1) Lunch not included;

(2) Fee includes transportation, snack, T-Shirt and entrance fee to excursion activities

Regulation:

1. NYCCC shall not be held responsible for any accident caused by malicious acts.
2. Students may withdraw with full refund on or before **June 6, 2026**. A non-refundable **\$40** processing fee per week will be charged afterwards! Once the camp starts, refunds will not be given.
3. Students/parents are responsible for the cost of repair for any malicious and intentional mishandling of any equipment and church property.
4. Due to safety and the limitation of space, parents and spectators are not allowed to remain on site during program hours unless otherwise stated.
5. NYCCC reserves the rights to retain photographs and videography of any classes for further publication process
6. NYCCC will not be responsible for any negligence caused by students within the duration of the program

For Office Use Only

<input type="checkbox"/> Fee received: \$	<input type="checkbox"/> Not received	Received by:	Date:
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Please check if you wish to apply for a subsidy. Requests will be considered case by case!

Refund Policy: Please see 1st page (NYCCC reserves all rights to change the program)

Part A: Family Information – please print clearly		
	Parents/Guardians:	Emergency Contact (if different from the left)
Name	First: _____ Last: _____	
Address:		
Email Address if any:		
Preferred Contact Phone #		
Attending Church?	<input type="checkbox"/> No <input type="checkbox"/> Y Church Name: _____	

Part B: Medical Information	
Family Doctor's Name:	Doctor's phone #:

Part C: Camper's Information									
First Name	Last Name	Birthday (MM/DD/YY)	M/F	OHIP Number	Version Code	Expiry	T- Shirt Size.	No. of weeks	\$

Registering for Week: July 20 - 24 July 27 - 31 August 4 - 7

Waiver of All Liabilities:

1. The undersigned acknowledges that there will be indoor and outdoor activities during the VBS program. The undersigned further acknowledges and consents the above-named participant(s) in participating any indoor or outdoor activities during the programs and waives all liabilities against NYCCC, its employees, volunteers and all its members including the staff of the programs.
2. In the event of emergency when medical attention is required, the undersigned hereby permits NYCCC, its employees including the staff of the programs to send the above-named participant(s) to a local doctor or hospital for medical treatment if necessary.
3. **Medical Information / Allergy**
 - a. If your child have any severe allergies (e.g. bee stings, food, penicillin, other drugs)
Please state: _____
 - b. If your child have any life-threatening allergies
Please state: _____
 - c. If your child have any medication with him/him (e.g. Antibiotics, Ventilator, Ritalin)
Please state: _____
 - d. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?
Please state: _____

Signature of Parent/Guardian: _____ **Date:** _____

North York Christian Community Church

Children & Teens Summer Bible Camp – July 20 - Aug 7, 2026

RECEIPT

REF#: VBS2026 _____	Total VBS Fee \$ Received by:	Date:
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Thank you for joining our Summer Bible Camp! Your child(ren)

_____ will join us at the following period:

Registering for Week: July 20 - 24 July 27 - 31 August 4 - 7

Reminder:

- A) Lunch & Snacks: Due to the safety of children with food allergies, NYCCC is a nut-free zone. All campers must bring their own lunch and water bottles.
- B) What to Bring: Sunscreen; Watersports Apparel; Outdoor Clothing appropriate to the season. All Clothing and personal items should be labeled with the child's full name.
- C) Please leave electric devices and toys at home.
- D) Location of the camp: **North York Christian Community Church**
32 Kern Road, North York, M3B 1T1; Tel: 416-441-2232
Contact: Please email vbs@nyccc.ca

