

ST. ANDREW'S UNITED CHURCH VACATION BIBLE CAMP (VBC) PROGRAM

REGISTRATION FORM
July 29 - August 2nd, 2019
9:00 AM TO 12 PM

St. Andrew's United Church
Tel. 905-877-4482
Email: standrewsoffice@cogeco.ca

Please contact the church office to fax your registration form.

Starting in
Sept. 2019

Child's Name _____ Date of Birth _____ Grade _____

Parent(s)' name(s) _____

Address _____ City _____ P.C. _____

Phone# (Home) _____ (Work) _____ (Cell) _____

Email address: _____ T-Shirt Size (Youth - xs,s,m,l,xl): _____

Name and telephone # of another person to contact in an emergency.

Child's Health Card # _____

Known Allergies: _____

Special Medical Conditions or medications of which Vacation Bible Camp Staff should be aware:

I give permission for my child to participate in the St. Andrew's United church VBC Program. In the event of a medical emergency, I give my permission for the staff of the VBC program to seek medical attention for my child.

Date: _____ Signature: _____

Photo-Video Permissions:

1) I give permission for images of me/my child, captured during the VBC activities through video, photo and digital camera, to be used solely for the purposes of St. Andrew's Church's **newsletters and church service slide shows**. (Note: no names will be published)

Yes: _____ No: _____

2) I give permission for images of me/my child, captured during the VBC activities through video, photo and digital camera, to be used solely for the purposes of St. Andrew's Church **promotional materials**. (Note: no names will be published)

Yes: _____ No: _____

Mailing List Permission:

I give permission for my child to be put on a mailing list to be used solely for the purposes of St. Andrew's Church children's programs, such as early notification of VBC, etc.

Yes: _____ No: _____

Would you be interested in volunteering with this year's VBC program? Yes _____ No _____