



Vacation Bible Camp 2017
 August 14 - 18, 9:00 a.m. to 12 noon
 at Historic St. Paul's Lutheran Church

Family Registration Form

(one form per family, please print clearly)

Family Name (last name): _____

Parent(s)/Guardian(s) Names: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____

Email address (optional): _____

Emergency Contact (if different than above)

Name: _____

Relationship to child(ren): _____

Emergency Phone: _____

Who will be picking up your child(ren)? Name(s): _____

Child's First Name	Last name (if different than above)	M/F	Birthdate day/month/year	Health Card (OHIP) number	Next school grade
1.			/ /		
2.			/ /		
3.			/ /		
4.			/ /		

Health Information

Do any of your children have food allergies or dietary restrictions?

NO YES, explain:

Do any of your children have other allergies, limitations or medical conditions we should be aware of?

NO YES, explain:

Are any of your children bringing medication? (epi-pen, inhaler, etc.)

NO YES, explain:

Doctor's Name: _____ Doctor's Phone: _____

I understand that precautions will be taken for the safety and health of my child, but in the event of accident or sickness, Historic St. Paul's Lutheran Church, its staff, and its volunteers are hereby released from any liability. In the event that my child requires medication, x-rays or treatment, the church will notify me immediately.

Historic St. Paul's Lutheran Church is committed to safeguarding the information provided on registration forms. My information will not be shared with any organization beyond Historic St. Paul's Lutheran Church.

I hereby give permission for images of my child, captured during regular activities through video, photo and digital camera, to be used solely for the purposes of Historic St. Paul's promotional material, print and internet publications, and waive any rights of compensation or ownership thereto. Historic St. Paul's will never publish my child's name without my express permission.

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

Mail OR drop off form to the office along with a **refundable deposit** of \$20*
Historic St. Paul's Lutheran Church
 137 Queen Street South
 Kitchener, ON N2G 1W2
 *Deposit will be fully refunded when you arrive at VBC, or if you cancel before the registration deadline (July 14).

FOR OFFICE USE ONLY
 Deposit received _____
 Deposit refunded _____



I would like to attend the Women's ESL (English-as-a-second-language) Class.

Name: _____

Do you have a church home?
YES, Historic St. Paul's
YES, _____
NO