

# REGISTRATION FORM



## *Vacation Bible Camp*

Location: Emmanuel Anglican Church  
Dates: July 11 – 15, 2011  
Times: 9:00 a.m. to 12:00 noon

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Email: \_\_\_\_\_

### **IN CASE OF EMERGENCY:**

Contact name (if different from above): \_\_\_\_\_

Contact phone # (if different from above): \_\_\_\_\_

### **ADDITIONAL INFORMATION NEEDED:**

Health Card #: \_\_\_\_\_

Family Dr.'s name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Any other information we need to be aware of: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cost: \$20.00 per child

\$15 each child for families of 2 or more

Paid

Thank you for registering for Emmanuel's Vacation Bible Camp Program. I learned about the Camp through:

Newspaper ad _____	Friends/family _____	Announcement at Church _____
Postcard at your home _____	Ad in the Liberal _____	Posters at Library/Community Centre _____
Web site _____		Posters around community _____
Other (please specify) _____		