



Registration Form for Vacation Bible School

(One Per Child)

Child's name: _____ Child's Gender: M F

Child's age: _____ Birthdate: _____ Grade in September 2020 _____

Name of parent(s)/guardian(s): _____

Street Address: _____ City: _____

Home phone: (_____) _____ Caregiver's Cellphone: (_____) _____

Email address: _____ Home Church (if applicable): _____

Allergies or other medical conditions: _____

In case of Emergency, contact _____ Relationship to Child: _____

Phone: _____

My child would like to be in the same crew as _____ (same grade only).

Who may pick up (and sign out) this child at the end of the morning? _____

I give my consent for my child to be photographed. Initials _____

Completed forms may be returned to the church (501 Whitelaw Road)

or complete online at pay@parkwoodgardens.ca 519-836-0180

A Free Hot Dog Lunch is provided on Friday, July 10, directly after VBS at 12:00.

How many members of your family will be attending? _____

Paid \$20/child (\$5 each additional child in a family) by ___ cash ___ cheque ___ e-transfer

Crew number (church use only) _____