



# Registration Form St. George's Kid's Camp

60 Guelph Street, Georgetown, ON  
905-877-8044

**Fun for children ages 4 – 9**

**Cost: \$35.00 per child**

**July 6-10, 2015  
9-noon**

Child's name: \_\_\_\_\_ Gender: M ☐ F ☐

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

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home email address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

T- Shirt Size: ☐ Small ☐ Medium ☐ Large

Siblings in program: \_\_\_\_\_ Friends in program \_\_\_\_\_

In case of emergency (when parent/guardian cannot be reached) please contact::

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Known allergies or medical concerns: \_\_\_\_\_

Medications \_\_\_\_\_

Health card number: \_\_\_\_\_

Person responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**Complete Photo Release on back of form, please.**

## Photo Release Permission Form

I hereby grant permission for photographs of myself and the child(ren) in my care at any of the above churches mentioned in the Anglican Diocese of Niagara for Vacation Bible School program(s) to be used by the organization for public display to promote family within the church. I understand that these photos may appear in forms such as display panels, bulletins, or newsletters and I agree that I am to receive no compensation for my family's appearance. I also understand that I have no ownership rights to the photographs or negatives whatsoever.

Full Name: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_

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

You will be notified by e-mail with dates and details of St. George's Kid's Camp.````5

### ***For Office Use:***

Cost per child: ☐ \$ 35

Paid by: ☐ Cash

☐ Cheque