



Registration Form St. George's Kid's Camp

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

Fun for children ages 4 – 9

Cost: \$40.00 / child

July 3-7, 2017
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: _____

For Office Use:

Cost per child: ☐ \$ 40

Paid by: ☐ Cash

☐ Cheque