



Vacation Bible School Registration Form

Child's Name: _____

Child's Age: _____ Date of Birth: _____

Child's School: _____ Last Grade Completed: _____

Name of Parents/Guardians: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Email: _____

Food Allergies: _____

Allergies/Medical Conditions: _____

Does your child carry an Epipen? _____

Emergency contact name & phone: _____

Emergency contact relation to child: _____

Person(s) authorized to pick up child: _____

Do you give your child permission to walk home? Yes _____ No _____

St. Andrew's has my permission to use photos of my child:

- For internal use – example, slide show on Sunday morning. Yes _____ No _____
- For media purposes – example, website, newspaper. Yes _____ No _____

Is there anything you would like us to know about your child? _____

Parent/Guardian Signature: _____ Date: _____