



Registration for St Bride's Vacation Bible School

July 13th-17th, 2009

9AM - noon

1516 Clarkson Road North, Mississauga, Ontario L5J 2W9

Tel: 905-822-0422 Internet: www.ChurchofStBride.com

Cost: \$30 / child. For families with 3+ campers - \$25 / child

Thank you for enrolling your child in Vacation Bible School at Church of St Bride, Clarkson.

We would appreciate your careful attention to completing this form so that we may ensure your child has a safe and enjoyable time with us this summer. Please complete one form, both sides, for each child registered.

Child's Name (as it appears on Birth Certificate): **First/ Middle/ Last** – please circle *given name* commonly used

Male Female

Date of Birth: (DD/MM/YYYY)

School Grade Completed

Name of a special friend you might like to be with: _____

Parent 1: Primary Contact

Mrs/Ms/Mr _____

First Name

Last Name

Address: _____

Apt/Unit #

Street #

Street Name

City: _____

Prov: _____

Postal Code: _____

Telephone (Day): _____

(Cell): _____

(Evening): _____

Parent 2: Secondary Contact

Mrs/Ms/Mr _____

First Name

Last Name

Address: _____

Apt/Unit #

Street #

Street Name

City: _____

Prov: _____

Postal Code: _____

Telephone (Day): _____

(Cell): _____

(Evening): _____

Emergency Contact

Mrs/Ms/Mr _____

First Name

Last Name

Telephone (Day): _____

(Cell): _____

(Evening): _____

Emergency Authorization: I understand that the Vacation Bible School programme at Church of St. Bride, Clarkson, attended by my child _____ will involve physical activities and that, with any physical activity there is a risk of injury. In the event of any emergency I authorize the physicians in the emergency care unit selected by the staff at Church of St. Bride, Clarkson to secure treatment for the child named above until such time as family member is notified. **(Please complete the back of this page)**

Parent or Guardian: _____

Name

Signature



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Emergency Medical Information

Condition	Treatment /Medication	Other
Epilepsy		
Diabetes		
Sun Sensitivity		
Asthma		
Other		

Allergy (specify)	Treatment/Medication	Other
Bee sting		
Foods		
Medication		

Please be sure to attach a copy of each child's health card and birth certificate to their registration form. Thank you.

For Office Use Only	
Group Leader _____	Group Name _____
Copy of Health Card <input type="checkbox"/>	Copy of Birth Certificate <input type="checkbox"/>