

# Church of St. Mark – VBS Registration Form

Registration forms due by June 3, 2018

Completed forms may be dropped off at the church or e-mailed to [sabitanarain@hotmail.com](mailto:sabitanarain@hotmail.com)

Parent(s) first name: \_\_\_\_\_

### Parents' Phone Numbers

Parent(s) last name: \_\_\_\_\_

Who? \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

Who? \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_

### Emergency Contact (other than parent)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*PLEASE NOTE: all caregivers/nannies who remain on site during our VBS MUST have a **Criminal Record Check** completed.

Children to be Registered

(If you are registering more than three children, please attach a second page.)

#### Child No. 1

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Birthdate (dd/mm/yyyy): \_\_\_\_\_ Grade as of June 1: \_\_\_\_\_

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

Church attended (if any): \_\_\_\_\_

#### Child No. 2

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Birthdate (dd/mm/yyyy): \_\_\_\_\_ Grade as of June 1: \_\_\_\_\_

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

Church attended (if any): \_\_\_\_\_

#### Child No. 3

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Birthdate (dd/mm/yyyy): \_\_\_\_\_ Grade as of June 1: \_\_\_\_\_

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

Church attended (if any): \_\_\_\_\_

Please sign here to give us permission to take photos and videos of your child(ren) during VBS. It is only for use during our presentation night.

Parent signature: \_\_\_\_\_