

# Registration Form

## St. George's PD Day Kid's Camp

60 Guelph Street, Georgetown, ON L7G 3M3 905-877-8044 office@stgeorgesgeorgetown.com

Cost: \$15.00 per day includes lunch  
Time: 9:00 am - 3:30 pm  
Fun for children ages 4 – 10

October 7, 2011  November 18, 2011  February 3, 2012  April 27, 2012  June 8, 2012

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

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

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

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

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

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

Siblings 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 day:

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

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

Complete Photo Release on back

## 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:       \$ 15

Paid by:               Cash                       Cheque