

Trinity United Church
Vacation Bible Camp - July 17-21, 2017
Confidential Registration Form

Child's name: _____
first/preferred *family/last*

Address: _____
street and number *apt.* *city* *postal code*

Telephone: _____
home *work* *cell*

Home e-mail address: _____

Child's date of birth: _____ Grade in school next September: _____

I give my permission to have my child photographed or videotaped for in-church historical and publicity purposes: yes no

Child's health card number: _____

My child has the following food allergies: _____

My child has physical or health conditions that could limit participation (please indicate:)

The following person(s) has/have my permission to check out and pick up my child following the program sessions:

Please list siblings that will also be participating in the program and any other information that might be helpful to program staff (special instructions if child always carries medication, medical instruction, etc:)

parent or guardian name (please print)

signature of parent or guardian

date