

ST. ANDREW'S MEMORIAL PRESBYTERIAN CHURCH VACATION BIBLE SCHOOL



August 15 - 19, 2011 - 9 a.m. to noon

24 Stavebank Road North, Port Credit, L5G 2T5
 phone: (905) 278-8907
 email: standrewspc@bellnet.ca
 website: www.standrewsportcredit.ca

PLEASE COMPLETE THIS FORM FOR EACH CHILD,
AND BRING TO THE CHURCH OFFICE

Name:	
Gender (M / F):	
Address:	
City:	
Postal Code:	
Home Telephone:	
Alternate Phone:	
Date of Birth (yyyymmdd): (Age must be 4-11)	
Name of Parent(s) or Guardian(s):	
Daytime/Emergency Contact: (Name, Phone, Relationship to Student)	
Name of Person Picking Up Child: (Name, Relationship to Student)	
Name of Doctor:	
Doctor's Phone:	
Health Card Number:	
Allergies/Health Conditions:	
Special Instructions:	
Email address:	

Waiver of Liability: *I understand that all precautions will be taken to avoid injury to my child while in the care of the staff of the Vacation Bible School. However, if an accident should occur, I will not hold the Vacation Bible School or its staff responsible.*

Signature(s) of Parent(s) or Guardian(s): (signature will be required first day of camp)	
Date:	

Privacy: *Photos may be taken during the Vacation Bible School to be used for church bulletin boards and the church website. Names will not be displayed with the photos, and no personal information will be shared with anyone outside the church. Please let us know if you do not want your child's photo used.*