

# 2011 VACATION BIBLE SCHOOL, PANDAMANIA

August 15 - 19, 2011 9:00 am - 12:00 p.m.



Hosted at St. Peter's Anglican Church  
903 - 75<sup>th</sup> Avenue S.W.  
Calgary, AB. T2V 0S7

Registration fee: \$20/child or \$30/family

## REGISTRATION, MEDICAL and INFORMATION FORM

To be completed in FULL, signed by parent or guardian and return to your local church office or St. Peter's Anglican Church PRIOR to the first day of camp. All information will be treated with the strictest confidence.

Mother's/Guardian's Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Cell phone/other \_\_\_\_\_ E-mail address \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Cell phone/other \_\_\_\_\_ E-mail address \_\_\_\_\_

If parent/guardian is not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Participant's Information

Child's Name \_\_\_\_\_ (first) \_\_\_\_\_ (last) Birthday \_\_\_\_\_ (y/m/d)

Age \_\_\_\_\_ Circle Gender: Male or Female Provincial Health Number \_\_\_\_\_

Allergies or Medical Consideration \_\_\_\_\_

Is there anything else that will help us to know your child better? \_\_\_\_\_

Child's Name \_\_\_\_\_ (first) \_\_\_\_\_ (last) Birthday \_\_\_\_\_ (y/m/d)

Age \_\_\_\_\_ Circle Gender: Male or Female Provincial Health Number \_\_\_\_\_

Allergies or Medical Consideration \_\_\_\_\_

Is there anything else that will help us to know your child better? \_\_\_\_\_

Child's Name \_\_\_\_\_ (first) \_\_\_\_\_ (last) Birthday \_\_\_\_\_ (y/m/d)

Age \_\_\_\_\_ Circle Gender: Male or Female Provincial Health Number \_\_\_\_\_

Allergies or Medical Consideration \_\_\_\_\_

Is there anything else that will help us to know your child better? \_\_\_\_\_

(please turn over)

