

DISCOVERING



THE GREAT DESIGN

# Registration for Summer Day Camp

August 120-23, 2012  
Kindergarten & Grade 1

Cost \$20

Strathmore Alliance Church • 325 First Ave Strathmore AB T1P 1E3  
Phone: (403) 934-3543 • Fax: (402) 934-3955 • fitzgerald.donna@shaw.ca

Child's Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade entering in the fall \_\_\_\_\_

Is there a friend with whom your child would like to be grouped? \_\_\_\_\_

Do you attend church? If so, which church? \_\_\_\_\_

Who may pick up your child at the end of each VBS day? (*We will only dismiss your child to the person(s) listed.*)

\_\_\_\_\_

Medical conditions, allergies, concerns or anything else we need to know?

\_\_\_\_\_

\_\_\_\_\_

May we have permission to photograph your child? Yes \_\_\_ No \_\_\_

May we have permission to use your child's photograph in church publications and on the church website?

(On the website your child's name will never be associated with their picture.) Yes \_\_\_ No \_\_\_

Emergency Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee Collected: Cash \_\_\_ Cheque \_\_\_