



TRINITY CHURCH, BARRIE

**Vacation Bible Camp Registration Form**

July 5 – 9, 2010 8:45 a.m. – 12:00 Noon

JK to Gr. 6 as of September 2010

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Grade as of September 2010:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Health Card #:** \_\_\_\_\_ **Version:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Allergies, medical conditions/concerns, special needs, behavioural issues, etc. Please be specific. Use back of page if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cost:** \$20/child, maximum \$35/ family. (*One form per child, please.*)

Please make cheques payable to **Trinity Church, Barrie.**

Drop off / mail registrations to:

**Trinity Church, Barrie**

**24 Collier St., PO Box 641**

**Barrie, ON L4M 4V1**

**Attn: VBC Registrar**

I hereby grant the VBC leaders permission to photograph/film the minor designated above in any manner or form for any lawful purpose associated with this VBC program.

**Parent's/Guardian's Signature** \_\_\_\_\_

**Trinity Anglican Church Vacation Bible Camp Contact Persons:**

**Registrars** – Caroline Zurcher 726-9210 / Jessica Jackson 735-9073

**Parish Coordinators** – Judy Thompson 737-1905

Gay Welsman 728-6132

**Clergy Contact** – The Rev. Andrew Sandilands 728-2691 (Church Office)