



The Parish of Saint Christopher

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VBS TRUE NORTH Participation Form

Week One: Monday, July 14 to Friday, July 18 & Week Two: Monday, July 21 to Friday, July 26.

Both weeks run from 8:45 a.m. to 3:30 p.m.

Registration will be on Tuesday, April 22nd, and Wednesday, April 23rd, from 6:00 p.m. to 8:30 p.m. in the church vestibule. Please note that registration will be processed on a first-come, first-served basis. Cash & Cheques are the only forms of payment accepted. Please write cheques to St. Christopher's Parish. Please get in touch with Levy Anne Ramos at lramos@archtoronto.org for any questions you may have.

****FORMS WILL NOT BE ACCEPTED AT THE PARISH OFFICE BEFORE TUES. APR. 22ND AT 6:00PM****

The camp registration is \$100 per child for 1 week and \$280 for 2 weeks. The camp registration fee is a non-refundable registration fee that covers all camp materials.

PARTICIPANT'S INFORMATION

NAME:	
GENDER:	AGE:
BIRTHDAY:	GRADE:
SCHOOL:	SHIRT SIZE (Child Size):

PARENT/GUARDIAN'S INFORMATION

NAME:	
RELATION TO VOLUNTEER:	
PRIMARY PHONE NUMBER:	EMAIL ADDRESS:
EMERGENCY CONTACT:	
RELATION TO VOLUNTEER:	PHONE NUMBER:

DROP OFF & PICKUP:

PLEASE LIST ANY ADDITIONAL PEOPLE PERMITTED TO PICKUP & DROP OFF YOUR CHILD(REN):
Please notify Levy Anne by email if there are any changes for pickup or drop off.
NAME: PHONE:
NAME: PHONE:
NAME: PHONE:

PLEASE TURN PAGE OVER.

PERMISSION AND WAIVER

I grant permission for my child to be photographed and/or videotaped during VACATION BIBLE SCHOOL activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. THESE PHOTOS WILL ONLY BE USED FOR THE END OF WEEK CAMP SLIDE SHOWS.

Please put the parent/guardian's initials (checkmarks are not accepted) YES, _____ NO _____

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or used to promote VACATION BIBLE SCHOOL online (Instagram, Facebook, parish website, etc.

Please put the parent/guardian's initials (checkmarks are not accepted) YES, _____ NO _____

MEDICATION INFORMATION & PERMISSION FORM

ARE THERE ANY MEDICAL NEEDS (MENTAL, PHYSICAL, DEVELOPMENTAL) OR ALLERGIES WE SHOULD BE AWARE OF?

By initiating below, I give permission to St. Christopher Parish for VACATION BIBLE SCHOOL personnel to administer the following medication(s) as needed to my child for minor discomfort or injury. Please state how many tablets we can administer to your child.

_____ Topical Medication (antibiotic ointment, calamine lotion)

The person named above is permitted to participate in the activities planned at:

St. Christopher Parish for VACATION BIBLE SCHOOL

I/We understand that reasonable precautions will be taken to safeguard the health and safety of the participant and that the designated emergency contact person will be notified as soon as possible in case of an emergency. In any sickness or accident, the person(s) will not hold St. Christopher Parish, the Archdiocese of Toronto, or any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and agree that any medical, dental, or hospital expenses incurred shall be at their own risk. The undersigned understands every effort will be made to notify the emergency contact if treatment is necessary.

Parent/Guardian's name

Parent/Guardian's Signature

Date

Do you have any group requests (pair/separate with friends, siblings or relatives)? If yes, please mention below.

*******Please note we will try our best to accommodate your request. We are unable to confirm any requests as things are always subject to change.*******

OFFICE USE ONLY

Amount Paid _____ **Chq/Cash** _____

Registration Number _____ **Date of Registration** _____