



“High Seas Expedition”
(Exploring the Mighty Love of God)
Vacation Day Camp Registration Form 2010
July 19th – 23rd (9:00am – 12noon)

Name: _____ Age: _____

Street Address: _____

City: _____ Postal Code: _____

Parent(s)/Guardian(s): _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Date of Birth: _____ School Grade just completed: _____

In case of an emergency, contact: Name: _____

Phone: _____ Relation to child: _____

Child's Health Card Number: _____

Allergies or other Medical Conditions: _____

Is your child bringing any medication with him/her? _____

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? _____

If Yes, please explain: _____

***** Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Queensway Cathedral, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays, or other medical treatment, the parents/guardians will be notified immediately. *****

☞ **Parent/Guardian's Signature:** _____ **Date:** _____

Parent/Guardian Permission – Child's Photo/Video

I, _____, give permission to Queensway Cathedral to place a photo or video image of my child _____, age _____ on their website at www.queenswaycathedral.com for promotional purposes or video production.

I understand that this will allow the general public to view these images.

☞ **Parent/Guardian's Signature:** _____ **Date:** _____

Code of Conduct

Parents/Guardians: Please review this with your child so they are aware of our policy and have them sign below:

It is our desire to provide a positive, safe, calm, orderly and uplifting environment in which to teach children. This requires cooperation on the part of every child. In the event that there is a problem with your child's behaviour, we will contact you directly. If inappropriate behaviour is continually displayed, your child will be removed from Vacation Day Camp and you will be contacted to come and pick him/her up.

I, _____, promise to behave and follow
(child's name)
all rules. If I do not do so, I understand that my Parents/Guardian will be contacted and I may not be permitted to return to Vacation Day Camp.

Please check the appropriate size for your child's VDC T-Shirt:

Child's Shirt Size: ___ Jr. Extra Small ___ Jr. Small ___ Jr. Medium
___ Jr. Large ___ Adult Small ___ Adult Medium
___ Adult Large

Home Church Information:

Do you have church that you regularly attend? Yes _____ No _____

If yes, what is the name of your church? _____

Church Location (City): _____

Does your Home Church have a Vacation Day Camp program this Summer? Yes _____ No _____