



**THE CARAVAN VBS – REGISTRATION FORM**

To register your child in this program, please complete this form and return it to:

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

Parent/Family/Guardian Name: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Phone Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Age Information (Child)**

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

Last school grade completed: \_\_\_\_\_

Home Church, if any: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pick-up Information (name(s) of person(s) who may pick up this child):**

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

**Media Release:**

I hereby grant Saskatchewan Conference of The United Church of Canada the right to use any photographs which include my child's image for promotion or documentation of The Caravan.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: snacks will be served during the program. If your child has food allergies, please let us know on the flip-side of this registration.**

**For full day programming, children are expected to bring their own lunch.**



**Medical Release:**

Although you may be assured that every effort will be made to maintain safety and good health during this program, we would appreciate the signing of this form as a precaution in case of any emergency. This form must be signed by a parent or guardian of every registrant under the age of 18.

I, the undersigned parent or guardian, do hereby consent to my son or daughter attending The Caravan Children's Program at \_\_\_\_\_ (place) on \_\_\_\_\_ (date) and do hereby release and discharge the sponsors and leaders of this event from responsibility for any injury to the person or property of my son or daughter during his/her participation therein. I also give my permission for any emergency medical treatment necessary during the event.

Date at: \_\_\_\_\_ Saskatchewan, on \_\_\_\_\_, 2018.

Child's Personal Health #: \_\_\_\_\_

Doctor: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Medical Information:**

Food Allergies/Sensitivities/Needs:  
\_\_\_\_\_  
\_\_\_\_\_

Any medical conditions/needs/concerns (this will help the leadership provide the best experience possible for your child):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

