

**First Armenian Evangelical Church VBS**  
**Registration form - July 3-14, 2017**

**Participant Information**

**Last Name:** \_\_\_\_\_

**Child # 1**

First Name: \_\_\_\_\_ Birthday:(dd/mm/yyyy) \_\_\_\_\_ M F

# Medicare: \_\_\_\_\_ Expiration: \_\_\_\_\_ **Grade completed:** \_\_\_\_\_

Asthma: No Yes Medication: \_\_\_\_\_

Diabetes: No Yes Medication: \_\_\_\_\_

Allergies: No Yes Specify: \_\_\_\_\_

Other medications / instructions: \_\_\_\_\_

**Child # 2**

First Name: \_\_\_\_\_ Birthday:(dd/mm/yyyy) \_\_\_\_\_ M F

# Medicare: \_\_\_\_\_ Expiration: \_\_\_\_\_ **Grade completed:** \_\_\_\_\_

Asthma: No Yes Medication: \_\_\_\_\_

Diabetes: No Yes Medication: \_\_\_\_\_

Allergies: No Yes Specify: \_\_\_\_\_

Other medications / instructions: \_\_\_\_\_

**Child # 3**

First Name: \_\_\_\_\_ Birthday:(dd/mm/yyyy) \_\_\_\_\_ M F

# Medicare: \_\_\_\_\_ Expiration: \_\_\_\_\_ **Grade completed:** \_\_\_\_\_

Asthma: No Yes Medication: \_\_\_\_\_

Diabetes: No Yes Medication: \_\_\_\_\_

Allergies: No Yes Specify: \_\_\_\_\_

Other medications / instructions: \_\_\_\_\_

**Parent or Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Tel. Num.: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work Num.: \_\_\_\_\_

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

**Emergency Contact**

Name: \_\_\_\_\_ Tel. Number: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**Bus Transportation Information (30\$ per Child)**

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

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

**Registration Amount (Circle the amount)**

	<u>1 Child</u>		<u>2 Children</u>		<u>3 Children</u>	
		<u>with bus</u>		<u>with bus</u>		<u>with bus</u>
	170	200	300	360	400	490

**12-14 years special teen program : Add 40\$ per teen**

Minimum Registration Deposit: 50.00\$ / child

Deposit/Full: \_\_\_\_\_ Cash Cheque Received by: \_\_\_\_\_  
 Remaining: \_\_\_\_\_ Cash Cheque Received by: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date