First Armenian Evangelical Church Teen VBS 2018 Registration form - July 16-20, 2018 **Participant Information** Last Name: Child # 1 First Name: Birthday:(dd/mm/yyyy) School Grade (2017-2018): # Medicare: Expiration: Asthma: Yes Medication: No Diabetes: No Yes Medication: Allergies: Yes Specify: No Other medications / instructions: Child # 2 First Name: Birthday:(dd/mm/yyyy) School Grade (2017-2018): # Medicare: Expiration: Asthma: Yes No Medication: Diabetes: Yes No 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** Tel. Number: Name: Relation to child: Bus Transportation Information (20\$ per Child) Morning Address: Afternoon Address: **Registration Amount (Circle the amount)** Per child with bus 110 20 Minimum Registration Deposit: 50.00\$ / child Deposit/Full: Cash Cheque Received by: Remaining: Received by: Cash Cheque

Continuation of form...

Child # 3							
First Name:	Name:			Birthday:(dd/mm/yyyy)		М	F
# Medicare:			Expiration:		School Grade (2017-2018):		
Asthma:	No	Yes		Medication:	_		
Diabetes:	No	Yes		Medication:			
Allergies:	No	Yes		Specify:			
Other medications / instructions:						_	
Child # 4							
First Name:				Birthday:(dd/	mm/yyyy)	М	F
# Medicare:			Expiration:		School Grade (2017-2018):		
Asthma:	No	Yes		Medication:			
Diabetes:	No	Yes		Medication:			
Allergies:	No	Yes		Specify:			
Other medications / instructions:							
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