Vacation Bible School Virtual Camp Registration

All Saints' Markham Anglican Church 1100 Denison Street., Markham, ON L3R 0Z4, 905-946-1637

> Week of Aug 3, 2020 Tuesday thru Friday on Zoom 9:30am – 12:30pm

Registration Fee (Including T-shirt and supplies) \$35.00

5yrs – to 12yrs. old

First come first serve bases, only limited spots online

Please fill in this form out with your signature signed and have this document mail-in/dropped-off to our church's mail box with your registration fee or send in via email to allsaintschinese@gmail.com and make your payment on Interact E-Transfer to allsaintschinese@gmail.com stating VBS FEE. (Please note that your registration will be confirmed with you when both form and payment are received.)

| UDENT NAME(S) | GRADE COMPLETED | T-shirt size (please circle) | BIRTHDAY | ALLERGIES, CONDITIONS |
|--|--|--|--|--|
| | | S M L XL | _ | |
| | | CHILD / ADULT | MONTH/ DAY/ YEAR OF BIRTH | |
| | → – | S M L XL | _ | • |
| Student 3 | | CHILD / ADULT | MONTH/ DAY/ YEAR OF BIRTH | |
| | \rightarrow $-$ | S M L XL | • → | |
| Student 4 | | | MONTH/ DAY/ YEAR OF BIRTH | |
| | \rightarrow $-$ | _ | → — | → |
| | | CHILD / ADULT | MONTH/ DAY/ YEAR OF BIRTH | |
| ess | | | | |
| | Postal Code | | | |
| | Home Phone | | | |
| ırdian Name | | | Cell Phone | |
| | | | | |
| PAYMENT: Cash | Cheque | | | tal Amount: \$ |
| res of the local media or of t dents at VBS activities or fo neral information about our | he All Saints' Markham r promotional purpose: pogroms in future yea | n Anglican Church st s. This is most ofter rs. These photos or | taff or volunteers may wan done to highlight the acl videos appear on the loc | nt to photograph, videotape, or nievements of our participants or |
| | ess rdian Name Contact PAYMENT: Cash ON OF VIDEO/AUDIC es of the local media or of the dents at VBS activities or fo | rdian Name Contact PAYMENT: Cash Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Contact Cheque Completed C | rdian Name Contact PAYMENT: Cash Completed (please circle) S M L XL CHILD / ADULT S M L X | COMPLETED (please circle) S M L XL CHILD / ADULT MONTH/ DAY/ YEAR OF BIRTH S M L XL CHILD / ADULT MONTH/ DAY/ YEAR OF BIRTH S M L XL CHILD / ADULT MONTH/ DAY/ YEAR OF BIRTH S M L XL CHILD / ADULT MONTH/ DAY/ YEAR OF BIRTH Posta Home Phoi rdian Name Cell Phone Contact Cell Phone |

YES! I give permission for my child/children to participant with the virtual VBS program on Zoom.

Date:

Parent/Guardian's Signature: