PAULIN MEMORIAL PRESBYTERIAN CHURCH
VACATION BIBLE CAMP
AUGUST 4-7, 9
AM -4 PM. GRADE 1 TO GRADE 8
COST $75 PER PERSON, $200 FAMILY OF THREE OR MORE

PLEASE MAKE PAYMENT TO Treasurer@paulinmemorial.ca with the memo line "VBS," with camper last name.
Registration will be confirmed upon payment.

ALL CAMPERS REQUIRE: Bagged lunch (nut-free) and labelled water bottle. Morning and afternoon snacks provided. On Friday, they also require a bathing suit, towel, hat, and sunscreen.

Camper Name:_____
Birthday: (dd/mm/yy):_____
Sex: M__ F__ Grade in school in the Fall:_____

Address:_____
City:_____
Postal Code:_____
Phone: ( )_____
Work phone: ( )_____
Cell Phone: ( )_____

Parent/Guardian(s) name:_____
Home Church: (if Applicable) _____
Health Card Number:_____

Emergency Contact if parent or guardian can not be reached:

Name:_____
Relationship to child_____
Address: _____
City:_____
Phone:_____
Work Phone:_____
Cell Phone:_____

Names of person(s) who may pick up your child:

_____

_____

PLEASE LIST ANY MEDICATIONS NEEDED WHILE AT CAMP. ALL MEDICATION MUST BE TURNED IN TO A DESIGNATED CHURCH VOLUNTEER AND MUST BE IN THE ORIGINAL CONTAINER

ILLNESS/CONDITION	MEDICATION	DOSAGE	TIME OF DAY

Does the camper have any known allergies? YES/NO (if YES, please describe the reaction and treatment)

_____

_____

_____

To care for your camper to the best of our ability, we need to know of any other physical, emotional or behavioral concerns:

_____

_____

_____

Do we have your permission to use your child's photo on our Facebook page and worship services?

YES_____ NO_____

Parent/ Guardian's Signature:_____

Date:_____

Amount Paid:_____ Date:_____