



Surf Shack Registration Form Appleby United Church

Please fill out the form below to registrarator your child for Appleby's Vacation Bible Camp, Monday August 14th to Friday August 18th, 9:00am-12:00pm

Camper Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____ Home Phone: _____

Does your child have any food allergies? No Yes

If yes, please list:

Does your child have any other allergies? No Yes

If yes, please list:

Does your child carry an epi-pen? No Yes

Does your child carry an inhaler? No Yes

Health Card Number: _____

Parent Information:

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Work Number: _____

E-mail: _____

Dad's Name: _____

Home Phone: _____

Cell Phone: _____

Work Number: _____

E-mail: _____

In case of Emergency please contact in this order: (please print)

1. Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____

3. Name: _____ Relationship to child: _____
Home Phone: _____ Cell Phone: _____

Pick-up Information (please print full name):

1. _____
2. _____
3. _____

*** photo ID will be required on pick up (i.e. driver's licence, health card)

Payment:

- Will be made at the church office prior to camp.
- Will be made on the first day of camp.