

REGISTRATION FORM 2014

FOR OFFICE USE – PAYMENT (CASH/ CHEQUE) DATE RECEIVED

NAME OF PARENT/LEGAL GUARDIAN (PLEASE PRINT)

Surname _____ Given Name _____

Home Address _____

E-Mail Address _____

Phone Number(s) Home _____ Cell/work _____

Emergency Contact _____

CHILDREN'S NAME (PLEASE PRINT)

1. Surname _____ Given Name _____

Date of Birth (D/M/Y) _____ School Grade in the Fall _____

Sex (F/M) ____ O.H.I.P. # _____ Expiry Date _____

Allergies or Other Concerns _____

2. Surname _____ Given Name _____

Date of Birth (D/M/Y) _____ School Grade in the Fall _____

Sex (F/M) ____ O.H.I.P. # _____ Expiry Date _____

Allergies or Other Concerns _____

The Information you have given to us will only be used in case of emergency.

As the parent/legal guardian of _____ (child/ren's name), I hereby release Cornerstone Christian Church, its staff, board, and volunteers from responsibility and liability for any injury or illness that my child(ren) may sustain during this activity, knowing that reasonable precautions for the health and safety of the child(ren) will be taken.

In the event of an emergency, I hereby authorize an adult leader of this event, as an agent for me, to consent to any ex-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment, on advise of any physician, surgeon, or dentist licensed to practice under the laws of the Province of Ontario, either at a doctor's office or any hospital, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Parents/Guardian please be aware your child(ren) may be photographed during the week of VBS. I hereby give permission to Cornerstone Christian Community Church to use photographs and other media representation of my child(ren) at the discretion of the church. I release Cornerstone Christian Community Church, its staff, board, and volunteers from any and all responsibility/liability that may arise as a result of the use of such photos/media.

Signature _____ Date _____



GOD *IN* ACTION



DON'T MISS OUT ON ALL THE FUN!

Adventure of the summer! It's a week to be creative, play games, sing, and hear about the epic STORY that YOU are a part of!

WHEN: Monday to Friday, July 7 – 11, 2014 (9.00 a.m. to 4:00 p.m.)

LOCATION: 73 Dickson Hill Road, Markham, ON

L3P 3J3

PHONE NO: (647) 272-4353

REGISTRATION FEE

\$95 for first child;

\$85 for each additional child

Last day to register – June 23rd

Contact Info: Linda Lee at linda@cornerstonechurch.ca

Cornerstone Christian Community Church

277 Main Street North, Suite 203, Markham

Phone No. (905) 294-3554 ext. 21

Please come 15 minutes early on Monday, July 7, for registration.

