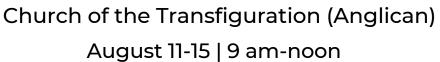


Vacation Bible School 2025





Child Registration Form

1. Child Name	
Child's Age Child's Birth Date	_ Child's Grade
Parent/Guardian Name	Phone
Allergies or Additional Needs	
2. Child Name	
Child's Age Child's Birth Date	_ Child's Grade
Allergies or Additional Needs	_
3. Child Name	
Child's Age Child's Birth Date	_ Child's Grade
Allergies or Additional Needs	
EMERGENCY INFORMATION	
Emergency Contact 1	Phone
Relationship to Child(ren)	
Emergency Contact 2	Phone
Relationship to Child(ren)	

f applicable, would you prefer your children be placed in the SAME group, or SEPARATE?	
	(please circle one)
DISMISSAL	
DISIVIISSAL	
Who may pick up your child(ren) at the	end of each VBS day?
Name	Relationship
Name	Relationship
REGISTRATION FEE (\$25 per child; max	x. \$60 per family)
(4=0 2=0 1 1 1 1 1 1 1 1 1	400 рол од 1111
\$	h Cheque
PLEASE NOTE:	
Etransfers can be sent to: treasurer.transfigute (Please write child(ren)'s name(s) in the mem	_
Cheques can be made out to: Church of the	Transfiguration
Cheques and cash can be dropped off to our Tuesday, Wednesday, and Thursday 9am-1pi	•
Parent/Guardian Signature	Date
Church of the Transfiguration	n ● 320 Glenridge Ave. ● St. Catharines, ON
(905) 684-0722 Director:	Steff Doan • transfigCYFM@gmail.com