



Vacation Bible School 2025
Church of the Transfiguration (Anglican)
August 11-15 | 9 am-noon



Ages 5- 11

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) _____

If applicable, would you prefer your children be placed in the SAME group, or SEPARATE?

(please circle one)

DISMISSAL

Who may pick up your child(ren) at the end of each VBS day?

Name _____ Relationship _____

Name _____ Relationship _____

REGISTRATION FEE (\$25 per child; max. \$60 per family)

\$_____ Etransfer Cash Cheque

PLEASE NOTE:

Etransfers can be sent to: treasurer.transfiguration.stcath@gmail.com
(Please write child(ren)'s name(s) in the memo)

Cheques can be made out to: Church of the Transfiguration

Cheques and cash can be dropped off to our Administrator during office hours:
Tuesday, Wednesday, and Thursday 9am-1pm

Parent/Guardian Signature _____ Date _____