

**Child's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Name Last Name (dd/mm/year)

**CONTACTS**

**Main Parent/Guardian:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
First Name Last Name

**Address:**

\_\_\_\_\_  
Street/ Apt No. P.O. Box/R.R No. City Postal Code

**Phone:** Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

**EMERGENCY CONTACT: (if unable to contact parent/guardian above)**

\_\_\_\_\_  
First Name Last Name **Email:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
Street/ Apt No. P.O. Box/R.R No. City Postal Code

**Phone:** Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_

**MEDICAL INFORMATION**

**Drs Name:** \_\_\_\_\_ **Tel #:** ( ) \_\_\_\_\_ **Health Card #** \_\_\_\_\_

**List All Allergies:** \_\_\_\_\_ **Epipen carried?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**List any medical concerns that we should be aware of eg. Diabetes, Epilepsy:**

\_\_\_\_\_

**Permission to post pictures on Church Website: Permission to photograph your child for a craft:**

\_\_\_\_\_  
Signature of Parent or Guardian Signature of Parent or Guardian

**For More Information Please Contact: Elizabeth at [trinitybradfordvbs@gmail.com](mailto:trinitybradfordvbs@gmail.com)**