



## VBS Registration Form

92 Ottawa St N Hamilton, ON L8H 3Z1

Contact Pastor Bethany 905-545-2002 ext 226 or [bethany@crownpoincommunity.ca](mailto:bethany@crownpoincommunity.ca)

Parents/Guardians:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Info:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

List of names of others authorized to pick up your child(ren)

\_\_\_\_\_  
\_\_\_\_\_

Are there any custody arrangements that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Children's Information:

1. Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ M / F \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Allergies or Special  
Needs \_\_\_\_\_

2. Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ M / F \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Allergies or Special  
Needs: \_\_\_\_\_

3. Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ M / F \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Allergies or Special  
Needs: \_\_\_\_\_

I consent to allowing the image of my child(ren) to be photographed, filmed and be used in video for promotional purposes on the Church website/Church social media groups or in Church services : Y/N \_\_\_\_\_

By giving my email address I realize that I will be added to the Crown Point Community Church email mailing list. Crown Point Community Church will not give your personal information to any third party.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_